The Spirit Catches You and You Fall Down

INTRODUCTION

BRIEF BIOGRAPHY OF ANNE FADIMAN

Anne Fadiman is the daughter of Clifton Fadiman (a respected literary intellectual, radio broadcaster, television personality, author, and editor) and Annalee Jacoby Fadiman (a screenwriter and war correspondent). She attended Harvard University, and she was the founding editor of The Library of Congress's publication, *Civilization*. Fadiman was also an editor of the celebrated *The American Scholar*, and she has written two essay collections and a memoir about her father. She currently teaches nonfiction at Yale University and is married to the author George Howe Colt, with whom she has two children.

HISTORICAL CONTEXT

The Geneva Accords of 1954 sought to stabilize the French-colonized Southeast Asian countries of Indochina in the tumultuous aftermath of the Korean War. The treaty established a ceasefire in Laos, Cambodia, and Vietnam. Despite this agreement—which the United States never actually signed—America was anxious to stop the spread of communism. As a result, the United States became involved in a proxy war; the CIA secretly trained and armed a group of Hmong called the Armée Clandestine to fight the North Vietnamese. The Armée Clandestine fought Laotian communist forces who had aligned with the Vietnamese—this struggle is known as the Laotian Civil War, one of the several smaller wars that raged alongside the Vietnam War. However, as a result of their anti-communist involvement, many Hmong were put in danger when, eventually, Laotian communist forces won control of the country. For safety reasons, many Hmong became refugees, often filtering through refugee camps in Thailand before—if they were lucky—arriving in America in the mid 1970s. Claiming that CIA members had promised them safety and benefits, newly-Americanized Hmongs readily accepted government assistance, a fact that upset many non-Hmong Americans. Because the Hmong only came to the United States for safety reasons, the older generations in particular showed little interest in assimilating into American culture, exacerbating the already tense relations between the Hmong and their new compatriots.

RELATED LITERARY WORKS

The Spirit Catches You and You Fall Down follows in the tradition of medically-informed works of nonfiction like Oliver Sacks' *The Man Who Mistook his Wife for a Hat*, a collection of case histories about patients suffering from neurological disorders. Like Fadiman, Sacks explores the role of the doctor/patient relationship in contemporary medicine. Regarding Fadiman's interest in the intersection of Western medicine and non-American cultures, another related literary work is Tracy Kidder's *Mountains Beyond Mountains*, a biography about a doctor who treats tuberculosis in Haiti, Peru, and Russia. *The Spirit Catches You And You Fall Down* is also revered as one of the foremost accounts of Hmong people in the United States, and is certainly one of the most widely-read detailed examinations of Hmong culture. Because of this, there are few obviously related mainstream literary works, though Fadiman does make use of certain source materials and academic works, such as Dwight Conquergood's *I Am a Shaman: A Hmong Life Story with Ethnographic Commentary* and Keith Quincy's *Hmong: History of a People*. She also calls upon a compilation of Hmong folktales and myths edited by Charles Johnson and Se Yang called *Myths, Legends and Folk Tales from the Hmong of Laos*. These sources, along with various anthropological Ph.D. dissertations, enable Fadiman to extrapolate upon years of study and ethnographic thought.

KEY FACTS

- **Full Title:** The Spirit Catches You And You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures
- **When Written:** 1988-1997
- **Where Written:** Merced, California and New York City
- **When Published:** 1997
- **Literary Period:** Contemporary Literature
- **Genre:** Ethnography, Medical Anthropology, & Literary Nonfiction
- **Setting:** Merced, California
- **Climax:** During Lia's final seizure, the doctors are ultimately unable to stabilize her, thereby failing to protect her from monumental neurological damage that leaves her paralyzed and nonresponsive.
- **Antagonist:** The most immediate antagonistic force in *The Spirit Catches You And You Fall Down* is Lia's epilepsy, though Fadiman is more interested in exploring the miscommunication across cultural divides that render her doctors and parents unable to work together to treat her illness.
- **Point of View:** Fadiman writes from her own first-person perspective, though she does not appear in several chapters in which she explains Hmong history.

EXTRA CREDIT

Lia Lee. Despite her doctors' estimate that she would die within days of being taken off life support, Lia Lee lived for twenty-six years in a paralyzed, non-responsive state, making her 30 years old at the time of her death in 2012.

PLOT SUMMARY

The Spirit Catches You And You Fall Down is a work of literary nonfiction that chronicles the life and medical troubles of a young girl named Lia Lee. In the 1980s, Lia is a young member of Merced, California's Hmong population, a group of immigrants and refugees who had previously lived in the highlands of Laos. Lia, who is epileptic, struggles in the American medical system, a drama that inspires Fadiman to consider the nature of American medicine while also providing a comprehensive ethnographic study of Hmong culture. Though the text primarily focuses on the Lees, Fadiman speaks with many community members and Hmong experts in order to round out her portrayal of a rich and complex culture. Although the history and extraneous anecdotes she brings to light are too numerous to examine in detail here, it is important to know that Fadiman's project is fueled not only by the specifics of Lia Lee's story, but also by an anthropological curiosity regarding the complicated intersection of Hmong and American culture.

Unlike Foua Lee's thirteen other children, Lia is born in a hospital. The others, many of whom died in early childhood, Foua delivered herself while squatting over the dirt floor of her and Nao Kao's home in Laos. Although she is born healthy, Lia has a seizure when she is three months old after her older sister Yer loudly slams a door. Her father and mother believe this noise frightened Lia, causing her soul to retreat from her body. This, Fadiman explains, is a common belief in Hmong culture, a phenomenon referred to as *quag dab peg*, or "the spirit catches you and you fall down" (a *dab* is an evil spirit; the Hmong believe there are many *dab* lurking and waiting to afflict unsuspecting humans by stealing their souls). The Hmong regard *quag dab peg* in a complex way, for although the affliction involves evil spirits and "soul loss," it also often marks somebody as physically capable of becoming a shamanistic healer, since healers—or *txiv neebs*—have seizures in order to commune with evil spirits, bargaining and fighting to regain the victim's stolen soul. *Txiv neebs* are highly respected in the Hmong community, so although the Lees—who are highly protective and caring parents—mourn the loss of Lia's soul, they are also pleased by the idea that she may one day become a healer.

This conflicted optimism starkly contrasts the beliefs held by the staff of Merced's local hospital, MCMC. After her first episode, Lia has twenty more seizures in just a few months. Although the Hmong are skeptical of the efficacy and reliability of Western medicine, the Lees are worried enough to rush Lia to MCMC twice during this period, hoping to be given a short run of medication that will fix Lia's ailing body and stabilize her condition. Unfortunately, Lia stops seizing before arriving at the hospital both times, and due to a lack of translators (Nao Kao and Foua speak no English), there is no way to tell the doctors why they've come. Eventually, on her third visit, Lia arrives while still seizing. In addition, they meet a doctor named Dan Murphy, who is curious about Hmong culture. This is unusual; at MCMC, most of the doctors are annoyed by the number of Hmong patients they see who are unwilling to accept proper treatment.

Through the help of a nephew who translates everything into Hmong, Dan explains that he needs to insert an IV into Lia's scalp to deliver a dose of Valium that will stop her from seizing. Although Nao Kao and Foua are resistant, Dan eventually convinces them and he is able to stabilize Lia. Totally unaware that the Lees have already diagnosed their daughter with the spiritually-charged *quag dab peg*, Dan diagnosis her with epilepsy. Wanting to monitor her condition, he keeps her in the hospital for several days before discharging her and giving Nao Kao and Foua directions to administer a specific medicinal regimen they have no way of understanding or following.

As previously mentioned, the Hmong attitude toward Western medicine is one of relative skepticism. In some cases, Hmongs believe that hospitals and certain medicines are capable of making people even sicker than they already were. This is not a malicious perspective, but rather the direct result of their spiritual practices and commonly held beliefs. For example, the Hmong believe that when people are unconscious, their souls are "at large," meaning that any form of anesthesia essentially invites *dabs* (evil spirits) to harm them. Despite these misgivings, Nao Kao and Foua continue to take Lia to MCMC when she has major seizures, which happens many, many times; in fact, between the ages of eight months and four and a half years, she is admitted to MCMC 17 times and makes over 100 visits to the emergency room. During this period, the Lees meet Neil Ernst and Peggy Philp, two head pediatricians at MCMC who are fiercely intelligent, inquisitive, quick to admit their mistakes in the name of problem solving, and, strangely enough, married to one another.

Neil and Peggy go to great lengths to improve Lia's condition, trying to explain to Nao Kao and Foua in full detail how to administer the medications they prescribe. But as the seizures continue, it becomes clear that the Lees aren't sticking to the medication regimen. At first the doctors believe that this is due to a lack of comprehension. After all, the Lees don't speak English and, for that matter, can't even read in their own language. Thus, the complex cocktail of various medications proves difficult to follow, which leads Lia to continue to have seizures that threaten her brain development. To remedy this, MCMC convinces the Merced County Health Department to begin sending public health nurses to the Lee household in order to monitor Lia's medication intake. Not one of these

nurses, however, is able to get through to Nao Kao and Foua, who nod along to directions but fail to follow through with the regimen when left to their own devices. After reading these nurses' notes, it becomes clear to Peggy Philp that the Lees are being noncompliant both because they don't fully understand the importance of each medication *and* because they distrust the actual drugs.

From Nao Kao and Foua's perspective, however, having observed the many side effects of each medication, they are convinced that "too much medicine" negatively affects their daughter, who is at times hyperactive, upset, or sluggish and unsteady. This is a concept their doctors have trouble understanding, since as physicians they're used to compliant patients who, like them, wholeheartedly believe in the efficacy of medicine and scientific study. In contrast, Foua tells Dan Murphy one night in the hospital that she doesn't think a person should ever have to take medicine forever. It comes as no surprise, then, that the Lees stop giving Lia any medication at all for three months. The next time Dan sees Lia, she is being rushed into the hospital in the middle of a serious grand mal seizure.

Struggles continue between the doctors and the Lees. Neil Ernst grows increasingly frustrated that Foua and Nao Kao refuse to give Lia all the necessary medication, a decision he believes is eroding her brain capacity. Eventually, a nurse pays a house visit and discovers that the Lees are not only failing to administer all of the proper medications, but are actually giving double the amount of one drug against the doctor's advice. Upon discovering this, Neil Ernst writes a letter to Child Protective Services (CPS) urging them to place Lia in foster care because of "poor parental compliance," stating that "this case obviously would come under the realm of child abuse, specifically neglect." He informs CPS that, should the Lees continue to care for their daughter in this manner, Lia will be at the risk of "irreversible brain damage and also possibly death."

Shortly after Neil writes this note, Lia is placed in foster care for two weeks, after which she returns home in order to give Nao Kao and Foua one final chance to properly administer the medications. Still, though, blood tests reveal that Lia is not taking the prescribed amounts, and she is once again taken away—this time for a minimum of six months, a period during which her parents are expected to prove themselves capable of caring for her needs. Lia is placed into the custody of Dee and Tom Korda, two loving and generous caretakers who become close with Foua and Nao Kao, encouraging them to visit and, eventually, even officially suggesting to the government that they regain custody of their daughter. At the six month mark, though, Nao Kao and Foua are deemed unfit to care for Lia due to their failure to sign a certain document and because, during a one-week trial period in which they were allowed to take Lia home, they again gave her no medication, resulting in yet another hospitalization.

During this period, a particularly diligent social worker named Jeanine Hilt dedicates herself to teaching the Lees how to properly administer their daughter's medications, working closely with Foua to ensure she knows how much to give the little girl. Eventually, with Jeanine's support, Lia comes home to live with her family. After a relatively quiet period, Lia falls off a swing, hits her head, and goes into status epilepticus, a state that can cause permanent brain damage. Although doctors manage to stabilize her, she develops a rare infection of the airway, where a breathing tube is placed. As a result, she must stay in the hospital for two weeks. "The doctors made Lia stay so long in the hospital, and it just made her sicker and sicker," Nao Kao remembers.

Three weeks later she has yet another intense seizure and her doctors are forced to rethink her medications (which the Lees have been diligently serving). Neil begins to fret that Lia is destined to have a large seizure that he'll be unable to stop. On the night before Thanksgiving in 1986, this fear materializes: Lia is admitted to MCMC and for a long time they are unable to stop her from seizing. When they're finally able to stabilize her, she has been in status epilepticus for almost two hours—even 20 minutes of status epilepticus is considered life-threatening. Harrowed by the experience and worried about her continued wellbeing, Neil has Lia transferred to Valley Children's Hospital in Fresno, a facility better equipped to handle her situation. Unfortunately, though, Lia arrives in Fresno in the middle of yet another violent grand mal seizure, her lips and nailbeds blue, her arms and legs stiffly thrashing. Dr. Kopacz, who treats her for twelve consecutive hours that night, diagnoses her as being in "profound shock, probably of septic origin." Septic shock is a "bacterial invasion of the circulatory system." Furthermore, Lia's brain has, for all intents and purposes, died. Despite their best efforts, the doctors at Valley Children's Hospital are certain she is on the brink of death. Foua watches in horror as a doctor—who thinks the Lees have agreed to take Lia off life support—walks into the room and disconnects her daughter from the IV lines.

Convinced that the doctors at Valley Children's Hospital irreversibly damaged their daughter by giving her far too much medicine, the Lees request that she be moved back to Merced to die in the presence of her family. Although they don't allow Lia to go home right away, Jeanine Hilt arranges with Valley Children's Hospital to transfer the young girl—now in a completely nonresponsive state—to MCMC, where she spends four days before finally returning home to die. When she arrives, her parents set to work preparing natural Hmong healing remedies, boiling herbs and washing her body with the mixture. And to the surprise of her American doctors, she doesn't die.

When Fadiman herself meets the Lees, it is two years after Lia has entered a nonresponsive state. That is to say that for two years, her doctors have been waiting for her to die, baffled by

the fact that she's still alive. Despite her complete paralysis, her parents diligently care for her, frequently hosting *txiv neebs* and practicing Hmong animal sacrifices in the name of calling her soul back to her body. In a conversation with Dr. Hutchinson, who oversaw Lia's care at Valley Children's Hospital, Fadiman explains that the Lees believe Lia's brain damage was brought on by the medicine she took. Hutchinson admits that, because Depakene (one of the drugs she was on) may have lowered her immune system and made her more susceptible to bacterial infections, this assessment "may not be too far from the truth." When Fadiman looks at him in bewilderment, he says, "Go back to Merced [...] and tell all those people at MCMC that the family didn't do this to the kid. We did."

CHARACTERS

MAJOR CHARACTERS

Lia Lee – A little girl who is part of Merced, California's population of Hmong immigrants. *The Spirit Catches You And You Fall Down* tells the story of treating Lia's epilepsy, examining her medical experience in Merced in order to consider divides between Hmong and American culture. Lia is the first Lee child born in an American hospital; her mother, Foua, delivered Lia's thirteen brothers and sisters while standing over the dirt floor of their home in Laos. Three months after Lia is born in Merced Community Medical Center (MCMC), she begins having violent seizures. In Hmong culture, epilepsy is called *quag dab peg*, meaning "the spirit catches you and you fall down," which is a culturally significant ailment because of the fact that it afflicts all of the community's shamanistic healers. Thus, Nao Kao (Lia's father) and Foua are conflicted; they want their little girl to be healthy, but they also like the idea that she may one day become a respected healer. Despite their misgivings—and despite the fact that they distrust Western medicine, favoring their own spiritual herbal remedies—they take her to MCMC, initiating a years-long struggle with the American medical system. Lia is a characteristically loving, affectionate child who is prominently affected by the side effects of the ever-changing combinations of medicine she must take. When she is four years old, she suffers from septic shock, sending her into status epilepticus—a life-threatening state of constant seizing—that leaves her essentially brain-dead and nonresponsive. Despite all odds, though, she continues to live, even without any form of life support.

Anne Fadiman – The author of *The Spirit Catches You And You Fall Down*. Fadiman came to Merced in 1988 after hearing that the hospital was experiencing a swath of cultural misunderstandings and miscommunications with the Hmong community. As a writer, Fadiman herself moves in and out of her scenes; in some moments, she describes her conversations with Lia's doctors and parents, inserting her own thoughts into the scene. In other moments, though, she removes herself from consideration in the name of providing more objective, ethnographic information about Hmong culture or history. After interviewing Lia's family, doctors, involved interpreters, and other community members, Fadiman establishes close, meaningful relationships with her subjects. Nao Kao and Foua welcome them into their home, considering her a friend and ally, sharing their culture and family stories with her.

Foua Lee – Lia's mother and Nao Kao's wife. Having given birth to twelve children in her native Laos, Foua and her family fled to a refugee camp in Thailand to escape the dangerous communist forces that had won control of her country in 1975. She gave birth there to her thirteenth child, Mai. After immigrating to the United States not long afterward, she gave birth to Lia in Merced, California, where the family lived along with many other Hmong refugees and immigrants. Foua is a protective and caring mother who is especially enamored with Lia, keeping her close to her body at all times and sparing nothing to provide the little girl with the staples of Hmong medical care, including both herbal remedies and spiritual ceremonies. Foua becomes close with Fadiman and is happy to tell her the details of Lia's story—this is notable, since the Lees aren't so forthcoming with other non-Hmong Americans. Her acceptance of Fadiman ultimately reflects Fadiman's ability to remain culturally sensitive and to keep from letting her own beliefs impose upon the family.

Nao Kao Lee – Lia's father and Foua's husband. Having immigrated with Foua and the rest of their family to America from Laos, Nao Kao is a devoted father who advocates strongly for Lia, often allowing his strong temper and stubborn disposition to dominate the interactions he has with doctors and social workers (often to near-disastrous results). Nao Kao is suspicious of American healthcare, and though he ultimately shows Fadiman kindness by openly welcoming her into his home, he holds grudges against people he believes have wronged him (like, for instance, Sue Xiong, an interpreter he thinks does not accurately translate what he says). In his fierce support of Lia and his family, Nao Kao fully embodies the Hmong temperament Fadiman outlines of determination and conviction in the face of coercion while also exhibiting a large capacity for loyal, gentle familial love.

Neil Ernst – One of Lia's primary doctors (along with his wife, Peggy Philp) at Merced Community Medical Center. Neil is a highly intelligent and inquisitive pediatrician who specializes in infections, asthma, and allergies. Incredibly driven and willing to seek out the truth even if it unearths his own mistakes, Neil eventually comes to believe that Foua and Nao Kao are unfit to care for Lia, due to the fact that they refuse (or fail to understand how) to comply with the medicinal regimen he prescribes for their daughter. Although he never asks them what, exactly, they believe, Neil tries to explain the importance of closely adhering to the prescriptions he issues. Eventually, when he fails to get through to the Lees, he writes to Child

Protective Services and suggests that Lia be placed into foster care. Despite his frustrations with the Lee family, he develops a complicated bond with them. When Fadiman, who interviewed him extensively for *The Spirit Catches You And You Fall Down*, asks if he wishes he never met Lia, he says, "Once I might have said yes, but not in retrospect. Lia taught me that when there is a very dense cultural barrier, you do the best you can, and if something happens despite that, you have to be satisfied with little successes instead of total successes."

Peggy Philp – One of Lia's primary doctors, and Neil Ernst's wife. A pediatrician who specializes in hematology and child development, she is—like her husband—a motivated person who is most interested in discovering the truth. She and Neil pore over Lia's medical records to answer Fadiman's many questions, often catching small and previously unnoticed details in the sea of paperwork that comprises the young girl's medical history.

Dan Murphy – A family practice resident at Merced Community Medical Center who is interested in Hmong culture. Dan is the first doctor to diagnose Lia as epileptic after seeing her in the throes of a seizure during her third visit to the hospital. Dan is devoted to learning about the Hmong people, even inviting various Hmong leaders to come to the hospital to tell the doctors about their experiences as refugees in an effort to open the lines of cross-cultural communication. Even so, he is unable to effectively communicate with the Lees about Lia's condition or medication.

Jeanine Hilt – A social worker who works closely with Lia and the Lee family. Jeanine takes thorough notes about Lia's circumstances, notes that Fadiman draws upon extensively to illustrate the specifics of the young girl's story. Although Jeanine works for the government, she manages to establish a connection with Nao Kao and Foua, cementing herself in their lives as a helpful resource and ally rather than as the representative of antagonistic government forces. She is one of the only people to actually ask the Lees what they think caused their daughter's illness. At the same time, she has a duty to carry out her job and is obligated to report the Lees' failure to properly administer Lia's medication and other practices considered detrimental to the young girl's wellbeing. Child Protective Services assigns Jeanine to be the caseworker when Lia is taken away from her parents to live with Dee and Tom Korda. Later, when Lia returns home and is eventually hospitalized at Valley Children's Hospital in Fresno, Jeanine acts as a liaison between the family and the hospital staff. Years later, Jeanine has a severe asthma attack and dies of oxygen deprivation—the same medical condition that causes Lia to enter a permanent nonresponsive state.

Dee Korda – Lia's foster mom and Tom Korda's wife. Dee is a gentle, kind person who devotes herself to caring for children. When Lia joins the Korda family, they already have five biological children and six foster children, many of whom have cognitive disabilities or mental health issues. By the time Fadiman meets her, Dee has cared for 35 foster children. Though Lia is extraordinarily difficult while living with the Kordas—crying constantly and behaving badly toward the other children—Dee grows to love her and establishes a relationship with Foua and Nao Kao, frequently inviting them over to visit their daughter and even asking them to babysit for her on occasion. She also confirms the Lees' claim that certain drugs—tegretol and phenobarbital in particular—profoundly affect Lia in negative ways, a sentiment the Lees have been trying to communicate for a long time to no avail. After getting to know Foua and Nao Kao, Dee writes a letter to Child Protective Services insisting that Lia should return to her real home.

Sue Xiong – A Hmong-American interpreter who translates for the Lees and who also accompanies Child Protective Services workers to the Lee household when Lia is taken away from Foua and Nao Kao for the second time. Nao Kao resents Sue because he believes she misrepresents him in her translations—he also dislikes her because she informs CPS workers that she doesn't think Lia should be returned to his custody. During one particularly tense visit, Nao Kao threatens Sue physically, saying that if she ever comes back, he will kill her. Jeanine Hilt characterizes Sue—whose husband is a non-Hmong American—by saying, "Culturally Sue was pretty white, and she dressed real cute and was not at home having babies and sustaining the Hmong culture very well, so a lot of Hmong really saw her as selling out."

Sukey Waller – A psychologist who works at Merced Community Outreach Services. When Fadiman has trouble meeting and getting to know Hmong people, Bill Selvidge recommends that she talk to Sukey, whom he describes as one of the most well-respected non-Hmongs in Merced's Hmong community. Sukey is fascinated by the Hmong people and intent upon finding the best way to serve them, since—because they don't differentiate between physical and mental illnesses—they don't believe in purely psychological problems. To the best of her ability, Sukey tries to understand the Hmong approach, attempting to help them on their own terms. She helps Fadiman by encouraging her to ignore the idea that she must perfectly follow Hmong customs in order to gain the trust and respect of her subjects; rather, she should find a translator who can serve as a "cultural broker."

Bill Selvidge – A doctor living in Merced who invites Fadiman to meet his Hmong patients. Bill is a veteran of the Peace Corps with a passion for learning about other cultures, and he was once the chief resident at MCMC. The office in his home—where Fadiman stays while conducting her research—is full of ethnographies of various tribes and foreign groups of people. Bill is both a sounding board and wellspring of advice for Fadiman as she works through her research.

Terry Hutchinson – A pediatric neurologist who works at

Valley Children's Hospital in Fresno. When Lia is in foster care, Dee Korda takes her to see Terry, who decides to prescribe her Depakene, a drug that proves effective against her epilepsy and that can be taken on its own, without a cocktail of other medications. This makes it easier for the Lees to administer the proper doses when Lia finally returns to them. Dr. Hutchinson is also the first person to diagnose Lia with Lennox-Gastaut Syndrome, a form of epilepsy that includes cognitive delays and intense seizures. After Lia loses the majority of her brain functioning due to septic shock, Hutchinson tells Fadiman that, in many ways, the Lees were right to think that the medicines the doctors prescribed were actually detrimental to the girl's health (since Depakene may have weakened Lia's immune system and rendered her more susceptible to bacterial infections that led to septic shock.)

Jonas Vangay – A Hmong community leader in Merced. Jonas attended the most elite secondary school in Laos before eventually earning a master's degree from a French university. After working as a computer analyst in Paris, he relocated to Merced because he believed it was his "moral responsibility" to help his people in their American resettlement. Jonas is a valuable resource for Fadiman, who asks him many questions about Hmong culture and about what it's like to be such a revered community leader. One night, he tells her, "You can place me anyplace, and I will survive, but I will not *belong*. I must tell you that I do not really belong anywhere."

Blia Yao Moua – A Hmong community leader in Merced, and the director of an organization—Lao Family Community—that helps Hmong people apply for job training, navigate the bureaucratic difficulties of receiving public assistance, and stay up-to-date with news from Laos and Thailand. Like Jonas Vangay, he earned a master's degree from a French university before moving to California. Blia's father, the "administrative leader" of a Laotian city, was assassinated by the Pathet Lao—a communist army—when Blia was only nine years old. He tells Fadiman, whom he introduces to the Lee family, that he dreams of creating Hmongtown, a section of Merced devoted to Hmong culture and living. Unfortunately, Fadiman eventually discovers that Blia has tired of his stressful work in Merced; not long after resigning from Lao Family Community, he moves to Minnesota.

May Ying Xiong – Fadiman's interpreter, or—in Sukey Waller's words—"cultural broker." May Ying is a twenty year old clerk-typist at the Merced County Office of Refugee Services when Fadiman first meets her. Her recently-deceased father was a well-respected *txiv neeb*—or shamanistic healer—who used to seize so hard during his healing rituals that two people had to hold him down. This renders May Ying the perfect interpreter for Fadiman's interest in Lia's epilepsy.

Arthur Kleinman – A psychiatrist and medical anthropologist who developed eight questions designed to aid people working in the context of cross-cultural medicine. The questions focus on gaining an understanding of what patients believe is ailing them (or their children). Fadiman fills these questions out with the answers she thinks that Foua and Nao Kao would have provided and shows the results to Arthur, who enthusiastically offers retrospective advice about how Lia's medical situation could have been more effectively handled.

Vang Pao – The Hmong leader of the Armée Clandestine, which the CIA armed and trained to fight communist forces during the Vietnam War. Vang Pao was a fierce military leader who actively recruited Hmong soldiers. Like many other Hmongs, he too eventually sought refuge in America when communist forces took control of Laos in 1975. Fadiman frequently references him in *The Spirit Catches You And You Fall Down*, since he was an influential Hmong figure (if controversial, because of his violent life and quick allegiances with non-Hmong nations like the United States).

Martin Kilgore – A public health nurse who makes house calls to provide Lia with medical checkups after her final neurological crisis. Martin is an eccentric intellectual with an I.Q. of 150 and a full-body tan from taking vacations at a nudist camp. He is interested in Hmong culture, though his attempts to connect with the Lees ultimately fail due to his inability to transition out of what Nao Kao and Foua clearly see as his imposing and authoritative role. When he invites Fadiman to accompany him on one of his visits to the Lees, she gets a glimpse of the unforthcoming disposition that Foua and

Yer Lee – One of Lia's older sisters. When Lia is three months old, Yer slams a door and Lia goes into her first epileptic seizure. Foua and Nao Kao believe that the loud sound of the door slamming scared Lia so much that her soul fled her body, a belief that causes them—at least for a little while—to treat Yer differently from the other children.

MINOR CHARACTERS

Dang Moua – A successful Hmong businessman living in Merced, California whom Fadiman interviews. Fadiman attributes the popularity of Merced amongst the Hmong to Dang's influential presence in the area as a prominent social leader.

Tom Korda – Lia's foster father and Dee Korda's husband.

THEMES

In LitCharts literature guides, each theme gets its own color-coded icon. These icons make it easy to track where the themes occur most prominently throughout the work. If you don't have a color printer, you can still use the icons to track themes in black and white.

CULTURAL VALUES, SPIRITUALITY, AND MEDICINE

The Spirit Catches You And You Fall Down examines the ways in which people cling to various strongly-held tenets set forth by their cultures. By studying miscommunication between Hmong patients and their American doctors, Fadiman demonstrates that many cross-cultural misunderstandings hinge on a disconnect between the two parties' priorities. The differences between Hmong and American ways of interpreting the world are exacerbated by shoddy communication, which fails—both linguistically and ideologically—to establish any kind of common ground. Fadiman suggests that empathy and compassion could have aided the Lee family and their doctors in reconciling their cultural differences enough to give Lia the kind of multifaceted and nuanced care she needed. Unfortunately, both the Lees and MCMC's doctors found themselves unable to step outside their own deeply entrenched beliefs, thereby rendering them incapable of working together.

The central cultural miscommunication of the book concerns the proper scope of medicine. Whereas Hmongs believe that medical concerns are intertwined with almost all elements of life, mainstream American medicine has divided health into categories of medical study. A Hmong is likely to associate bodily ailments with broader problems at play in her life, while an American is likely to focus solely on the body part in question by visiting a doctor who specializes in a field dedicated to that particular area. Furthermore, American doctors base their practice on science, which does not consider spirituality, since spirituality isn't research-based and doesn't follow logical reasoning. Fadiman points this out when she evokes Hippocrates' assessment of epilepsy: "Men think [epilepsy] is divine merely because they don't understand it. But if they called everything divine which they do not understand, why, there would be no end of divine things." By contrast, Hmong *do* believe that epilepsy has a relationship with the divine, and, more generally, they view the practice of medicine as part of their spirituality. Therefore, in broad terms, Americans tend to value the body in and of itself, while Hmongs value the body insofar as it relates to a greater spiritual concept. Fadiman suggests that it was this enormous difference in beliefs and values—and a failure by both parties to communicate effectively about these beliefs—that led Lia's treatment to go awry. Enhancing the tragedy, both parties shared a goal—to save Lia's life and do what was best for her—and neither was being deliberately malicious by disagreeing over her care—they simply failed to communicate about their needs, beliefs, and actions.

By positing communication and empathy as the missing aspects of Lia's care, Fadiman shows that an unwillingness to listen to opposing viewpoints is perhaps the worst attitude to adopt in cross-cultural situations, particularly when combined with a rigid confidence in one's own beliefs and methods. Fadiman uses a conversation between Sukey Waller, a Merced psychologist, and the doctor Bill Selvidge to highlight the most insurmountable ideological difference standing between the Lees and Lia's doctors. In this conversation, Selvidge maintained that a patient's health—which he referred to as "the life"—is the most important thing to consider when treating somebody. Waller, on the other hand, advocated for the Hmong school of thought, claiming that "the soul" is the most important, saying, "What if you have a family who rejects surgery because they believe an illness has a spiritual cause? What if they see a definite possibility of eternal damnation for their child if she dies from the surgery? Next to that, death might not seem so important." Although Waller and Selvidge disagreed, their conversation exemplifies the exact kind of discourse Western doctors and non-Western patients should engage in when faced with fundamental disagreements. This kind of discussion proposes new avenues of empathy and compassion, traits that are vital to avoiding miscommunication.

BLAME AND POWER

As a way of coping with the grief and uncertainty of Lia's medical complications, both the Lee family and MCMC's team of doctors try to assign blame. They are constantly seeking to decide if the other party has acted ethically or unethically, which is in part due to the fact that both the family and the doctors believe that their power hierarchies have been undermined. The doctors feel disrespected by the Lees' unwillingness to wholly trust their advice, while the Lees are angry that the doctors dismiss their beliefs about Lia's condition. This is particularly painful for the Lees because the doctors' dismissal seems, in part, racially tinged. With both the Lee family and the doctors feeling that their authority is threatened in a life-or-death situation, everyone seems prone to leverage what power they have to discredit the other.

The Lees, for their part, appear particularly eager to blame other people for Lia's sickness—and not only her doctors, either. For Lia's initial seizure, they blamed their older daughter Yer slamming a door, and when Lia fell off a swing and went into status epilepticus, Nao Kao determined that her teacher *made* her drop off the swing. It's difficult to say why the Lees—who are kind, well-meaning people—appear so quick to blame others, but perhaps it is a reaction to the distress of seeing a loved one in pain. Blaming, it seems, gives the Lees agency. This suggests that they yearn for some sort of power, which makes sense, given that they live in a country that gives them few opportunities and that looks down on them. Furthermore, since they can't perform the rituals and healing ceremonies that would normally give them a sense of power over Lia's condition, the Lees' best chance of coming to terms with Lia's misfortune is by blaming somebody in the very community that has so much power over them. Pointing the finger at Lia's teachers or

doctors or social workers gives them a tangible outlet for their helpless and lovesick worries.

The most prominent manifestation of this sort of blame is, of course, Nao Kao and Foua's belief that the doctors at the Children's Valley Hospital—where Lia was treated for septic shock—actually made her sicker. Readers steeped in the culture of Western medicine may find this an absurd misplacement of blame, but it's worth considering the fact that Depakene, the medication given to Lia to keep her from seizing, may have made her more susceptible to septic shock. "Go back to Merced," Dr. Hutchinson told Fadiman after Lia lost almost all brain activity, "and tell all those people at MCMC that the family didn't do this to the kid. We did." In this statement, Hutchinson makes it clear that the Lees should not be held accountable for what happened to Lia; all of Lia's doctors—himself included—should recognize their own shortcomings in this particular situation. In doing so, he essentially reinforces the notion that somebody must be at fault for what happened to Lia, a notion that once more demonstrates the human tendency to seek meaning (by way of fault and blame) in the face of difficult emotions—even if it means blaming oneself.

Neil and Peggy also blame others. As shown by his suggestion that Lia be taken away by Child Protective Services, Neil portrays Nao Kao and Foua as ill-equipped to care for their own daughter. This is, of course, based on their inability or unwillingness to follow the course of treatment he suggested. In effect, Neil was so confident that his plan was the right one that he used his power as a doctor to hold Nao Kao and Foua responsible for the problems Lia was having. According to most of his colleagues, this was a surprisingly ill-advised move, one that failed to take into account the fact that Nao Kao and Foua were extremely attentive, loving parents.

Fadiman herself doesn't take a strong position about how—or even whether—blame should be assigned to individuals. Instead, she illuminates the various failures of empathy and inquiry that led to Lia's tragic medical crisis, and shows the well-meaning logic behind both the doctors' and the Lee family's decisions. Although Fadiman respects both sides and doesn't condemn either the Lees or their doctors, she does subvert the expectation that Western medicine is unequivocally effective, thereby asking readers to question the biases inherent to a system that most Westerners consider to be objective and rational. By placing Western medicine and Hmong spirituality in a non-hierarchical comparison, Fadiman implicitly attributes blame for Lia's condition on the failure of the two systems to be effectively reconciled.

HISTORY AND ETHNIC IDENTITY

The Spirit Catches You And You Fall Down frequently evokes Hmong history to illuminate the circumstances of Lia Lee's medical crisis. Writing both a literary profile and an in-depth ethnography, Fadiman devotes whole chapters to the history and context of the Hmong ethnic identity, which she characterizes as "independent, insular, antiauthoritarian, suspicious, stubborn, proud, choleric, energetic, vehement, loquacious, humorous, hospitable, generous." This is a characterization that she draws from tracing the Hmong all the way back to 2700 B.C., when they refused to be ruled by China. Since then, she argues, they have been extraordinarily unwilling to bow down to any form of power that might compromise their traditions and ways of life. This sheds light on Nao Kao and Foua's unwillingness to simply acquiesce to Neil and Peggy's treatment plan, which clearly contradicted their own beliefs.

Far from saying that all Hmong are exactly the same, Fadiman highlights culturally salient historical landmarks to give readers a framework for understanding the beliefs and decisions of the Lee family and other Hmongs—beliefs that might otherwise seem inscrutable and lead to bigotry. For example, Fadiman sheds light on the origins of the Hmong tendency in America to readily accept welfare checks without seeking paying jobs. Rather than this being a symptom of laziness (as non-Hmongs frequently assume), many Hmong immigrants were members of a CIA-backed guerilla army that fought the spread of communism in Asia. Vang Pao, the Hmong leader of this army, promised his fellow Hmong all sorts of benefits in exchange for fighting—one of which, according to many Hmong living in the United States, was that they would receive welfare assistance upon reaching America after the war. As such, Hmong veterans see government benefits as a well-earned result of having risked their lives for the United States. By looking at history, then, Fadiman eschews cultural bias in favor of empathetic inquiry.

Fadiman also sheds light on culturally significant Hmong folktales and myths, many of which illuminate the attitudes and behaviors of the Lee family that that American doctors like Neil and Peggy find so difficult to understand. One significant myth is the story of the Orphan, an underdog who triumphs despite the mistreatment society shows him—obviously, this is a story that glorifies the resilience of immigrants. Another folktale tells of an "arrogant official" who is "turned into a mouse," which evokes the arrogance of the doctors, who frequently wield their authority against the Lees. These archetypal characters shed light on the cultural context for Nao Kao and Foua's resistance to authoritative doctors who discount their traditional beliefs; they have been raised in a culture that champions the disenfranchised and admonishes powerful bureaucrats.

Many of these myths and folktales are intertwined with the Hmong peoples' health-related beliefs. Because their conception of health has more to do with religion than biology, the Hmong view health as being tied to the stories passed down through generations about evil or beneficent spirits.

There are countless stories of *dabs* (evil spirits) who prey upon the human soul, and in response to these tales the Hmong have developed methods of healing that deal primarily with whatever metaphysical phenomenon these spirits are causing. This belief is crucial to understanding Nao Kao and Foua's decisions to forego certain medically-advised treatments for Lia; since the Hmong believe that epilepsy can make a person spiritually distinguished by enabling them to negotiate with *dabs*, the Lee family felt that Lia's "crisis was the *treatment*, not the epilepsy." By showing readers the actual origins of Hmong beliefs, Fadiman enables Western readers to understand that the Lee family's behavior was not blind stubbornness nor disregard for their child; they were doing what seemed best within their own cultural context.

INTEGRATION AND ASSIMILATION

Because the Lees—like most Hmongs—came to the United States to escape war-torn Laos, their relationship to assimilation is complicated. The United States thinks of itself as a nation made up of many diverse populations, a "melting pot" of ethnicity. In the 20th century, though, being part of this "melting pot" seemed to require melting into the preexisting American culture. Historically resilient to coercive cultural changes, the newly-arrived Hmong had no interest in becoming Americans; they came to the United States for safety, not to adopt a new lifestyle. By examining the Hmong's resistance to integration and assimilation, Fadiman widens the scope of *The Spirit Catches You And You Fall Down*, simultaneously illustrating the circumstances of Lia Lee's medical crisis and creating an ethnographic document of Hmong immigrants in America.

The Lees' story is the focal point of Fadiman's ethnography. "When I first met them," she writes, "during their eighth year in this country, only one American adult, Jeanine Hilt, had ever been invited to their home as a guest. It would be hard to imagine anything further from the vaunted American ideal of assimilation, in which immigrants are expected to submerge their cultural differences in order to embrace a shared national identity." The word "submerge" is important in this passage, as it powerfully illustrates what, exactly, is being asked of Nao Kao and Foua Lee; because they brought their sick child to an American hospital, they were suddenly expected to blindly accept practices that starkly crossed their own beliefs and bury any tension that arose from "cultural differences"—all in the name of "embrac[ing] a shared national identity" in which they had no interest at all.

It's worth emphasizing that the Hmong didn't *come* to America to melt into a "shared national identity." The Hmong came to the United States "for the same reason they had left China in the nineteenth century: because they were trying to *resist* assimilation." Cast in this light, the Lees actually begin to look somewhat accommodating and flexible. After all, they *did* bring Lia to an American hospital, they *did* try using the prescribed medications, and they even cooperated with Jeanine Hilt, a social worker who worked for the American government—an institution insistent upon forcing its customs onto Hmong people in the name of integration and assimilation. Stubborn as they may have appeared to MCMC's medical staff, the Lees allowed doctors to put Lia through many procedures that were directly antithetical to their own beliefs, some of which they believed would endanger Lia's soul in the afterlife. Nonetheless, Nao Kao and Foua still brought her to the hospital during her seizures, a testament to their willingness to try anything in the name of helping their daughter, even if that meant indulging a medical practice that posed constant threats to their own principles.

The general effect on Hmong people of forced American assimilation was, simply put, unsuccessful and morally degrading. With very few resources and no frame of reference for urban and suburban modes of existence, this largely agrarian community had little chance of becoming the Americanized citizens the government hoped to create. While their children were able to learn English and successfully integrate their own cultural identities into a broader American identity, most Hmong adults found themselves disenfranchised, their traditional familial hierarchies destabilized by the fact that a young daughter proficient in English suddenly became the family's spokesperson over the father or grandfather. Hmong culture, it seems, was not so much integrated as it was disarrayed in such a way that made it even more difficult for them to join the American community. Fadiman comments on this when she says: "none of [Foua's] former skills were transferable to the United States—none, that is, except for being an excellent mother to her nine surviving children. It then occurred to me that this last skill had been officially contradicted by the American government, which had legally declared her a child abuser." The government's inability to accept that an immigrant might not want—or even be capable of—integration thus stripped Foua of the very reason she came to the United States in the first place: to safely raise her children.

SYMBOLS

Symbols appear in blue text throughout the Summary and Analysis sections of this LitChart.

FISH SOUP

Throughout *The Spirit Catches You and You Fall Down*, Fadiman often references the Hmong's maximalist worldview, which takes into account all aspects of life and seeks to acknowledge the interconnectedness of all things. As a metaphor for this, she tells a story about a young

Hmong man who, in a presentation during his French class, spent forty-five minutes thoroughly explaining every action that goes into preparing fish soup, including how to choose the right hook to catch the fish. This all-inclusive recipe, Fadiman decides, is symbolic of the Hmong conception of life and the idea that all things are related, including everything in the spiritual and physical worlds. To understand Hmong culture, readers must recognize that this is a group of people to whom it makes sense to include in a recipe for fish soup information about which kinds of fishhooks fit the mouth shapes of various fish. In keeping with this comprehensive disposition, the Hmong are also people who may believe that a stomachache is an indication that "the entire universe [is] out of balance." In the context of *The Spirit Catches You and You Fall Down*, fish soup comes to stand for this kind of wide-ranging attentiveness to cosmic and everyday influences alike.

QUOTES

Note: all page numbers for the quotes below refer to the Farrar, Straus, and Giroux edition of *The Spirit Catches You and You Fall Down* published in 2012.

Preface Quotes

I have always felt that the action most worth watching is not at the center of things but where edges meet. I like shorelines, weather fronts, international borders. There are interesting frictions and incongruities in these places, and often, if you stand at the point of tangency, you can see both sides better than if you were in the middle of either one. This is especially true, I think, when the apposition is cultural. When I first came to Merced, I hoped that the culture of American medicine, about which I knew a little, and the culture of the Hmong, about which I knew nothing, would in some way illuminate each other if I could position myself between the two and manage not to get caught in the cross fire.

Related Characters: Anne Fadiman (speaker)

Related Themes:

Page Number: viii

Explanation and Analysis

Fadiman's metaphors for cross-cultural dialogue are surprisingly tense: she mentions the intersection of weather fronts, for example, which create storms, as well as international borders, which are often zones of conflict. She even invokes the possibility of becoming "caught in the cross fire" while trying to bridge the divide between American medicine and Hmong immigrants. This immediately raises the stakes of her project, suggesting that cross-cultural dialogue is an emotionally fraught and even dangerous undertaking. This ultimately proves true, as Fadiman will demonstrate that it was the failure of cross-cultural dialogue that led to the irrevocable deterioration of Lia Lee's health—the stakes, then, truly were life and death.

This passage also underscores the importance of getting comfortable with ambiguity and uncertainty. Fadiman advocates for flexible interpretation when it comes to trying to understand different cultures, acknowledging that there are bound to be "incongruities" when two disparate frameworks of belief encounter one another. Indeed, her patient and levelheaded considerations of Hmong culture and the practice of Western medicine often depend on her ability to accept murky half-understandings and loose interpretations—interpretations whose nuance allows her to avoid simplistic condemnations or approvals of particular cultural practices.

After I heard about the Lees' daughter Lia, whose case had occasioned some of the worst strife the Merced hospital had ever seen, and after I got to know her family and her doctors, and after I realized how much I liked both sides and how hard it was to lay the blame at anyone's door (though God knows, I tried), I stopped parsing the situation in such linear terms, which meant that without intending to, I had started to think a little less like an American and a little more like a Hmong.

Related Characters: Anne Fadiman (speaker), Lia Lee

Related Themes:

Page Number: viii

Explanation and Analysis

In this passage, Fadiman presents the idea that Hmong culture values nonlinearity, a notion Blia Yao Moua later reinforces by telling her that Hmongs don't reason in the same kind of Cartesian (that is, procedural and straightforward) manner as Western doctors. This becomes an important concept to bear in mind when assessing the Lee family's decisions about Lia's healthcare, as typical Western readers may otherwise find it difficult to accept Foua and Nao Kao's rejection of medicine prescribed to help their daughter. Fadiman therefore demonstrates the importance of stepping outside one's own paradigm in order to see the situation from the Hmong point of view,

effectively preparing readers for the leap of empathy required to fully understand *The Spirit Catches You and You Fall Down*.

> By chance, during the years I worked on this book, my husband, my father, my daughter, and I all experienced serious illnesses, and, like the Lees, I found myself spending a lot of time in hospitals. I passed many hours in waiting rooms gnawing on the question, What is a good doctor? During the same period, my two children were born, and I found myself often asking a second question that is also germane to the Lees' story: What is a good parent?

Related Characters: Anne Fadiman (speaker)

Related Themes:

Page Number: viii

Explanation and Analysis

Although Fadiman often lurks behind the scenes in *The Spirit Catches You and You Fall Down*, in this moment she allows her own experiences to come to the forefront. Her decision to do so clearly indicates her desire to show that anybody—American or otherwise—can experience fear and uncertainty surrounding medical practice. Treatment, it seems, is less objective and rational than Western medicine would like to think; after all, medicine first and foremost involves people, meaning that relationships between doctors and patients constitute a large part of the experience of medical care. Unlike the Lees, Fadiman's own health-related complications didn't require her to step outside her own culture, and yet she *still* felt the strains that the Lee family experienced when they were forced to defend their conceptions of what proper treatment and care looks like. As such, it's evident that Fadiman's questions "What is a good doctor?" and "What is a good parent?" are unavoidable, regardless of the patient's culture.

Chapter 2 Quotes

> The Hmong have a phrase, *hais cuaj txub kaum txub*, which means "to speak of all kinds of things." It is often used at the beginning of an oral narrative as a way of reminding the listeners that the world is full of things that may not seem to be connected but actually are; that no event occurs in isolation; that you can miss a lot by sticking to the point; and that the storyteller is likely to be rather long-winded.

Related Characters: Anne Fadiman (speaker)

Related Themes:

Related Symbols:

Page Number: 12

Explanation and Analysis

Fadiman brings up this Hmong phrase after having told a story about a young Hmong man who gave an intensely detailed 45-minute presentation to his French class about preparing fish soup. By relating this anecdote, Fadiman uncovers a certain tireless element of the Hmong identity. The cultural propensity for exhaustive explanation is in keeping with the Hmong belief that everything is somehow related. Indeed, the fact that the Hmong believe one "can miss a lot by sticking to the point" is in step with the mentality the Lees adopted regarding Lia's illness; while the doctors wanted to treat the specific parts of her body they believed were ailing, the Lees—who believed "that no event occurs in isolation"—felt that, in addition to Lia's physical health, her entire soul needed to be taken into consideration. In other words, the doctors spoke in medical terms while the Lees spoke "of all kinds of things."

> The history of the Hmong yields several lessons that anyone who deals with them might do well to remember. Among the most obvious of these are that the Hmong do not like to take orders; that they do not like to lose; that they would rather flee, fight, or die than surrender; that they are not intimidated by being outnumbered; that they are rarely persuaded that the customs of other cultures, even those more powerful than their own, are superior; and that they are capable of getting very angry. Whether you find these traits infuriating or admirable depends largely on whether or not you are trying to make a Hmong do something he or she would prefer not to do. Those who have tried to defeat, deceive, govern, regulate, constrain, assimilate, intimidate, or patronize the Hmong have, as a rule, disliked them intensely.

Related Characters: Anne Fadiman (speaker)

Related Themes:

Page Number: 17

Explanation and Analysis

Fadiman assumes a rather light touch by suggesting—rather than stating—that people dealing with the Hmong "might do

well to remember" the Hmong's history. Framing this as a suggestion allows Fadiman to avoid making a blunt generalization about either the reader or the Hmong, and it shows that she values convincing the reader of a nuanced point, rather than simply telling them what to believe. Such nuanced suggestions are, of course, crucial to her project as an outsider advocating for cross-cultural sensitivity. Context is all important to Fadiman, and this kind of generalized sentiment about a cultural group's traits runs the risk of reducing and simplifying Hmong culture—if, that is, it were delivered carelessly. As it stands, Fadiman's idea about Hmong stubbornness seems to be a well-researched and carefully-deployed observation that is meant to illustrate complexity rather than obscure it.

Chapter 3 Quotes

❝ Although the inklings Dan had gathered of the transcendental Hmong worldview seemed to him to possess both power and beauty, his own view of medicine in general, and of epilepsy in particular, was, like that of his colleagues at MCMC, essentially rationalist. Hippocrates' skeptical commentary on the nature of epilepsy, made around 400 B.C., pretty much sums up Dan's own frame of reference: "It seems to me that the disease is no more divine than any other. It has a natural cause just as other diseases have. Men think it is divine merely because they don't understand it. But if they called everything divine which they do not understand, why, there would be no end to divine things."

Related Characters: Anne Fadiman (speaker), Lia Lee, Dan Murphy

Related Themes:

Page Number: 29

Explanation and Analysis

Fadiman provides this quote by Hippocrates as a way of contextualizing Dan Murphy's commitment to medicine. Although Dan's interest in Hmong beliefs proved him perhaps more competent than other American physicians when attending to the Lees, there is no avoiding the fact that his viewpoint—informed, as it was, by his own structures of belief—stood in opposition to the views of the Lee family. Fadiman calls attention to the fact that Dan was operating in a "frame of reference," an idea that is in keeping with Arthur Kleinman's later assertion that doctors shouldn't forget the fact that they, too, are steeped in a culture. Because Western medicine is founded upon the "rationalism" set forth by Hippocrates, it is easy for doctors to forget that their beliefs are just that: beliefs. In the same way that the Hmong believe in spirituality, doctors believe in biomedicine. And because the culture of biomedicine entails an outright rejection of spirituality—as evidenced by Hippocrates' idea that what people call "divine" is simply that "which they do not understand"—it is especially difficult for doctors to step outside their own frameworks and acknowledge the validity of other cultures' belief systems.

Chapter 4 Quotes

❝ *Txiv neebs* were polite and never needed to ask questions; doctors asked many rude and intimate questions about patients' lives, right down to their sexual and excretory habits. *Txiv neebs* could render an immediate diagnosis; doctors often demanded samples of blood (or even urine or feces, which they liked to keep in little bottles), took X rays, and then, after all that, sometimes they were unable to identify the cause of the problem. *Txiv neebs* never undressed their patients; doctors asked patients to take off all their clothes, and sometimes dared to put their fingers inside women's vaginas. *Txiv neebs* knew that to treat the body without treating the soul was an act of patent folly; doctors never even mentioned the soul.

Related Characters: Anne Fadiman (speaker)

Related Themes:

Page Number: 33

Explanation and Analysis

In this passage, Fadiman outlines the many differences between the Hmong's shamanistic healers and American doctors. This list of contrasting approaches evokes her description of Ban Vinai, a Thai refugee camp in which a group of Hmong refugees once crowded around a Hmong woman who had gone to the United States. The refugees asked her questions about America which, strangely enough, all seemed to revolve around rumors they'd heard about American medical practices, showing their perception of American medicine and their anxiety about its strangeness and even cruelty. These outlandish rumors, Fadiman explains, clearly originated from the fact that the Hmong and American health practices so drastically differed from one another. When compared side-by-side, it's not so difficult to see why the Hmong were appalled that Western doctors would, say, "put their fingers inside women's vaginas."

It's worth noting that this one-to-one comparison perfectly exemplifies the "point of tangency" Fadiman champions in the book's preface. Rather than finding it strange that the

Hmong were so afraid of American health practices, Fadiman investigates *why* this is the case, ultimately showing that—given what they're used to—their misgivings make perfect sense.

Chapter 5 Quotes

❝ The MCMC nursing staff came to know Lia well—better, in fact, than most of them would have wished. After she was old enough to walk, whenever she was well enough to get out of bed she ran up and down the corridor in the pediatric unit, banging on doors, barging into the rooms of other sick children, yanking open the drawers in the nursing station, snatching pencils and hospital forms and prescription pads and throwing them on the floor.

Related Characters: Anne Fadiman (speaker), Lia Lee

Related Themes:

Page Number: 44

Explanation and Analysis

In this passage, readers are invited to empathize with the doctors and nurses at MCMC. Although Fadiman is eager to portray the Lees in a positive light, it's evident that she is committed to presenting the story of Lia's illness and the subsequent culture clash without bias (despite the fact that she is quite close with Foua and Nao Kao). By relating the ways in which Lia troubled the people providing her care, she illustrates the thanklessness of working at a community hospital. Of course, the fact that Lia was a challenging patient does not justify the bigotry some of the nurses and doctors sometimes displayed, but it does—at the very least—provide a small amount of insight into how frustrating it must have been to work so hard for a family who often actively railed against efforts made to help them.

❝ The idea that the drugs prescribed to cure, or at least attempt to treat, an illness are in fact *causing* it is not one that most doctors ever encounter. Doctors are used to hearing patients say that drugs make them feel bad, and indeed the unpleasant side effects of many medications are one of the main reasons that patients so often stop taking them. But most patients accept the doctor's explanation of why they got sick in the first place, and even if they resist the recommended treatment, they at least believe their doctor has prescribed it in good faith and that it is not designed to hurt them. Doctors who deal with the Hmong cannot take this attitude for granted. What's more, if they continue to press their patients to comply with a regimen that, from the Hmong vantage, is potentially harmful, they may find themselves, to their horror, running up against that stubborn strain in the Hmong character which for thousands of years has preferred death to surrender.

Related Characters: Anne Fadiman (speaker), Lia Lee

Related Themes:

Page Number: 50

Explanation and Analysis

The most instructive moment in this passage comes when Fadiman writes, "Doctors are used to hearing […]." This is exactly what *The Spirit Catches You And You Fall Down* is interested in exploring: the things people are "used to," and how being accustomed to certain practices often restricts people from comprehending other ways of thinking. Fadiman further reinforces this point when she says, "Doctors who deal with the Hmong cannot take this attitude for granted." Indeed, since the Hmong operate within a different paradigm of health and spirituality, it wouldn't make sense to blindly apply the concepts of standard American practice and expect positive, predictable results—however, this is exactly what many doctors expect. The fact of the matter is that doctors don't hold the same kind of respect in Hmong culture as they do in American culture, so doctors can't assume that their non-American patients fully accept their counsel.

❝ And the other thing that was different between them and me was that they seemed to accept things that to me were major catastrophes as part of the normal flow of life. For them, the crisis was the *treatment*, not the epilepsy. I felt a tremendous responsibility to stop the seizures and to make sure another one never happened again, and they felt more like these things happen, you know, not everything is in our control, and not everything is in your control.

Related Characters: Dan Murphy (speaker), Lia Lee, Anne Fadiman

Related Themes:

Page Number: 53

Explanation and Analysis

Dan Murphy said this to Fadiman while recollecting what it felt like to treat Lia and deal with her parents' beliefs. In doing so, he demonstrates the common tendency of Americans to invest themselves so fully in the idea of the healthy body that any physical problem becomes a "major catastrophe." The Lees, it seems, were less burdened by this fear. This is because the Hmong don't distinguish between the physical and the spiritual world, a stance that apparently allows them to accept the fact that "not everything [is in their] control." Of course, this sentiment is quite foreign to American doctors, who are obsessed by the idea that if they understand the body, they should be able to fix it—another example of the kind of Cartesian thinking the Hmong don't indulge.

A handful of times, Neil gave Foua a hug while Lia was seizing, but most of the time, while Lia was between the ages of eighteen months and three and a half years, he was too angry to feel much sympathy toward either of her parents. "The best thing I could have given Lia's mother was compassion, and I wasn't giving her any and I knew that I wasn't giving her any," he said. "There was just too much aggravation. It was like banging your head against a wall constantly and not making any headway. There was the frustration of the nighttime calls and the length of time it took and the amount of energy and sorrow and lack of control. [...] When she came to the emergency room in status there would be sort of like a very precipitous peak of anger, but it was quickly followed by the fear of having to take care of a horribly sick child who it was very difficult to put an IV in." Peggy added, "Some of the anger came from that. From our own fear."

Related Characters: Anne Fadiman (speaker), Lia Lee, Neil Ernst, Peggy Philp

Related Themes:

Page Number: 56

Explanation and Analysis

Fear is a potent emotion, especially when churned with anger, so it's unsurprising that Neil found himself unable to show Foua sympathy and kindness when she needed it most; he was drowning in complicated emotions himself while also trying to perform a difficult, high-stakes job. It's easy to see that his fear indicated a certain level of responsibility: he was afraid that Lia would die and that it would be his fault. At the same time, he was doing everything he could ("banging [his] head against a wall constantly and not making headway"), but the Lees weren't cooperating. As such, there was little he could do to help Lia, and he allowed his fear turn to anger, leaving him unfit to provide emotional support to Foua. Given that he was only trying to help Lia, this is understandable, though it perfectly demonstrates the unfortunate trend in Western medicine to avoid relational contact, eschewing connection in favor of clinical treatment.

Chapter 6 Quotes

I hovered uncertainly, pages in hand, and realized that I was suspended in a large bowl of Fish Soup. Medicine *was* religion. Religion was society. Society was medicine. Even economics were mixed up in there somewhere (you had to have or borrow enough money to buy a pig, or even a cow, in case someone got sick and a sacrifice was required), and so was music (if you didn't have a *qeej* player at your funeral, your soul wouldn't be guided on its posthumous travels, and it couldn't be reborn, and it might make your relatives sick). In fact, the Hmong view of health care seemed to me to be precisely the opposite of the prevailing American one, in which the practice of medicine has fissioned into smaller and smaller subspecialties, with less and less truck between bailiwicks. The Hmong carried holism to its ultima Thule. As my web of cross-references grew more and more thickly interlaced, I concluded that the Hmong preoccupation with medical issues was nothing less than a preoccupation with life. (And death. And life after death.)

Related Characters: Anne Fadiman (speaker)

Related Themes:

Related Symbols:

Page Number: 60

Explanation and Analysis

In this passage, Fadiman once again sketches out the Hmong belief that everything is related. This belief constitutes one of the starkest differences between the Hmong and American medical approaches, since in the

United States "the practice of medicine has fissioned into smaller and smaller subspecialties." This idea recalls the notion that American doctors often have trouble remembering to connect with their patients on a human level, since they've been trained to focus all their attention on specific bodily ailments. When Fadiman says, "The Hmong carried holism to its ultima Thule," she is restating the fact that their culture prizes the idea that everything in the world is related and connected ("holism" is a theory regarding the interconnectedness of the many parts of a single whole, and the phrase "ultima Thule" is used to refer to the extreme limit of something). Thus, these two worldviews make for seemingly incompatible medical approaches, further exacerbating cultural and linguistic barriers already at play.

Hmong patients might not understand the doctors' diagnoses, but if they had summoned the courage to visit the clinic, they wanted to be told that *something* was wrong and to be given something, preferably a fast-acting antibiotic, to fix it. The doctors had a hard time meeting these expectations when the Hmong complained, as they frequently did, of vague, chronic pain.

Related Characters: Anne Fadiman (speaker)

Related Themes:

Page Number: 69

Explanation and Analysis

The fact that Hmong patients in American hospitals want some kinds of treatment but not others is an inconsistency that makes it more difficult for doctors to understand how best to serve them. Above all, this is a failure of communication, since the Hmong need only explain their beliefs in order to help their physicians comprehend why certain practices are acceptable over others. This is also a strange example of semi-assimilation, in which the Hmong have uncharacteristically acquiesced to the prominent culture's practices—a fact that is surprising given Fadiman's previous demonstrations regarding the Hmong unwillingness to adopt new practices. This half-acceptance of American culture only complicates cross-cultural confusions, though, causing the Hmong to seek out help they don't fully understand.

Chapter 7 Quotes

Neil was pretty sure, however, that because Lia's condition was progressive and unpredictable, he could treat it best by constantly fine-tuning her drug regimen. If he had chosen a single pretty-good anticonvulsant and stuck with it, he would have had to decide that Lia wasn't going to get the same care he would have given the daughter of a middle-class American family who would have been willing and able to comply with a complex course of treatment. Which would have been more discriminatory, to deprive Lia of the optimal care that another child would have received, or to fail to tailor her treatment in such a way that her family would be most likely to comply with it?

A decade ago, that is not the way Neil looked at the situation. He never seriously considered lowering his standard of care. His job, as he saw it, was to practice good medicine; the Lees' job was to comply.

Related Characters: Anne Fadiman (speaker), Lia Lee, Foua Lee, Nao Kao Lee, Neil Ernst

Related Themes:

Page Number: 78

Explanation and Analysis

Fadiman's rumination on Neil's unwillingness to compromise Lia's treatment presents a difficult moral choice and suggests the importance of flexibility in the context medical care. It's noteworthy that he so decisively held to his belief that it was his "job" to "practice good medicine" and that, conversely, it was the Lees' "job to comply." As Fadiman later makes clear, the idea of compliance in the medical world implies hierarchies of power in which the doctor is in full control while the patient plays a passive part in his or her own treatment. Although Neil was only doing what he thought was best for Lia, his unflappable resolve quite likely had a negative effect on her health. At the same time, though, his considerations were valid: since he knew that the best level of care involved constantly "fine-tuning [Lia's] drug regimen," it would have been "discriminatory" to simplify her medical program, since this decision would have hinged upon a belief that the Lees were incapable of following directions. It is this kind of dilemma that ultimately leads Fadiman to acknowledge the impossibility of blaming either party for Lia's misfortune.

Chapter 8 Quotes

Sukey's business card read, in Hmong and Lao, "Fixer of Hearts." She explained to me, "Psychological problems do not exist for the Hmong, because they do not distinguish between mental and physical illness. Everything is a spiritual problem. It's not really possible to translate what I do into Hmong—a shaman is the closest person to a psychotherapist—but fixing hearts was the best metaphor I could find. […]" When I asked Sukey why the Hmong community accepted her so readily, she said, "The Hmong and I have a lot in common. I have an anarchist sub-personality. I don't like coercion. I also believe that the long way around is often the shortest way from point A to point B. And I'm not very interested in what is generally called the truth. In my opinion, consensual reality is better than facts."

Related Characters: Anne Fadiman (speaker), Sukey Waller

Related Themes:

Page Number: 95

Explanation and Analysis

Sukey's idea that "the long way around is often the shortest way from point A to point B" relates directly to Fadiman's own beliefs regarding tangency, intersection, and nonlinearity. Both these viewpoints—which embrace ambiguity—are sympathetic to Hmong beliefs and at odds with the dominant discourse of American culture, and especially Western medicine, which traffics primarily in straightforward thinking.

When Sukey said that "consensual reality is better than facts," she intended to support a worldview that makes room for subjective interpretation, a perspective vital to interacting with people across cultural barriers. At the same time, though, this is an arguably dangerous or idealistic belief, as it invests itself wholeheartedly in subjectivity over objectivity, which means that a person can ignore certain unavoidable truths simply by manipulating the surrounding discourses to reflect an alternative conception of reality.

While Foua was telling me about the dozens of tasks that constituted her "easy" work in Laos, I was thinking that when she said she was stupid, what she really meant was that none of her former skills were transferable to the United States—none, that is, except for being an excellent mother to her nine surviving children. It then occurred to me that this last skill had been officially contradicted by the American government, which had legally declared her a child abuser.

Related Characters: Anne Fadiman (speaker), Foua Lee

Related Themes:

Page Number: 105

Explanation and Analysis

This passage appears after Fadiman tells a story about how Foua told her she felt stupid after getting lost in MCMC one day, which led Foua to admit her feeling of cultural incompetency in the United States, a confession that Fadiman found quite sad. This prompted Fadiman to ask Foua what her daily life looked like in Laos, hoping to show the woman that she was a perfectly intelligent and competent person but that the current framework in which she lived simply did not recognize this. When Fadiman eventually realized that the United States essentially usurped even Foua's competency as a mother, she saw that truly *nothing* from life in Laos was "transferable" to Merced. This realization illustrates just how drastically different Hmong and American culture is, while also showcasing the unfortunate tendency of the United States government to impose its own standards on immigrants and refugees. Once again, attempts at communication and cross-cultural understanding emerge as clear ways of remedying such unnecessary, narrow-minded problems.

Chapter 11 Quotes

Their technology was cutting-edge and their clinical skills irreproachable. At first, however, they were too busy trying to save Lia's life to focus on a great deal besides her pathology. [The doctor], for example, who worked on Lia for more than twelve hours straight, failed to notice her sex. "His metabolic acidosis was decreased after initial bolus of bicarbonate," he wrote. "His peripheral perfusion improved and pulse oximetry started reading a value that correlated with saturation on the arterial blood samples." Here was American medicine at its worst and its best: the patient was reduced from a girl to an analyzable collection of symptoms, and the physician, thereby able to husband his energies, succeeded in keeping her alive.

Related Characters: Anne Fadiman (speaker), Lia Lee

Related Themes:

Page Number: 146

Explanation and Analysis

This passages describes Lia's final urgent hospitalization, in which she almost died but ultimately emerged with her life

(though not her brain functions) intact. The last sentence of this paragraph is worth analyzing because of Fadiman's tacit suggestion that the doctor was able to save Lia's life *because* he "reduced [her] from a girl to an analyzable collection of symptoms." It is certainly true that this is "American medicine at its worst and its best," since Lia's humanity was ignored but her life was saved. Fadiman likely means to imply something more general than that the doctor's failure to notice the girl's gender directly contributed to his ability to keep her from dying. This recalls Neil's sidelining of empathy for Foua so that he could focus on the difficult task of treating Lia, and it should be taken seriously that a certain amount of repressing emotion likely helps to soldier through a grueling and high-stakes medical crisis. This sentiment also makes a bit more sense when one considers what might have happened if a Hmong shaman had presided over Lia instead of a doctor. A shaman may have spent too much time focusing on recognizing Lia as a human, causing her to die for lack of physical treatment. In this case, then, Fadiman portrays Western medicine as something of a flawed miracle, positing that it is sometimes necessary to prioritize the physical over the spiritual.

Chapter 13 Quotes

❝ Calling Lia a vegetable was, it seemed to me, just one more form of avoidance. In describing what had happened to her, [Neil] and Peggy both used the kinds of terms favored by the doctors in *MASH*, gallows-humor slang wielded in times of extreme stress on the theory that if you laugh at something it can't break your heart. "Lia gorked." "She crumped." "She fried her brain." "She vegged out." "She crapped out." "She went to hell." "No one's at home, the lights are out."

Related Characters: Anne Fadiman (speaker), Lia Lee, Neil Ernst, Peggy Philp

Related Themes:

Page Number: 173

Explanation and Analysis

In this moment, Fadiman considers the various defense mechanisms Neil and Peggy—along with Lia's other doctors—use in order to protect their own vulnerabilities. There is no doubt that working in Western medicine breeds tremendous stress, since doctors are responsible for other peoples' lives. This pressure is made even more intense by the medical culture's insistence upon patient-doctor separations of power, in which the doctor must assume an authoritative role in which he or she remains objectively calm and unaffected by emotion in order to soothe the patient. Just as doctors aren't expected to consider their patients beyond the scope of their physical diagnoses, they are also expected to ignore their own feelings. Fadiman picks up on this when she notes that Neil and Peggy used "gallows-humor slang" when they found themselves "in times of extreme stress." This, of course, is a technique used to avoid acknowledging the fact that emotions are indeed part of medical practice. Instead, they attempt to remain safely within the paradigm set forth by Western medicine that only physical considerations are of concern when it comes to health and treatment.

Chapter 15 Quotes

❝ At this point, [Lia's sister], who was three at the time, ran over to Lia and started banging her on the chest.

"Don't do that, there's a good boy," said Martin, addressing the little girl in English, of which she did not speak a word. "[…P]lease tell them they have got to watch these other little children. Lia is not a doll."

Related Characters: Anne Fadiman (speaker), Lia Lee, Foua Lee, Nao Kao Lee, Martin Kilgore

Related Themes:

Page Number: 222

Explanation and Analysis

This occurred when Fadiman accompanied Martin Kilgore to the Lees' house to watch him perform a routine at-home checkup after Lia's final neurological crisis. Although it may seem harmless and small, Martin's admonition of Lia's sister—"Don't do that, there's a good boy"—is fraught with significance. Beyond the obvious fact that he misidentified the child's gender (lending a certain out-of-touch quality to this interaction), he risked overstepping familial hierarchies of which he was most likely unaware. By telling Nao Kao and Foua's child not to do something, he intensified the powerful role he already occupied by virtue of his position as an authoritative figure and representative of Western medicine. He also undermined their ability to care for their own children and their overall intelligence, as if they couldn't understand on their own that Lia was not "a doll" to be pounded upon by other children. Given these transgressions and failures, it's no wonder that, when he later asked them what they believed had caused their daughters illness, Foua and Nao Kao refused to answer him.

Chapter 17 Quotes

❝ Once I asked Neil if he wished he had done anything differently. He answered as I expected, focusing not on his relationship with the Lees but on his choice of medication. "I wish we'd used Depakene sooner," he said. "I wish I'd accepted that it would be easier for the family to comply with one medicine instead of three, even if three seemed medically optimal."

Then I asked, "Do you wish you had never met Lia?"

"Oh, no, no, no!" His vehemence surprised me. "Once I might have said yes, but not in retrospect. Lia taught me that when there is a very dense cultural barrier, you do the best you can, and if something happens despite that, you have to be satisfied with little successes instead of total successes. You have to give up total control. That is very hard for me, but I do try. I think Lia made me into a less rigid person."

Related Characters: Anne Fadiman (speaker), Lia Lee, Foua Lee, Nao Kao Lee, Neil Ernst

Related Themes:

Page Number: 257

Explanation and Analysis

Fadiman maintains that Neil focused "not on his relationship with the Lees but on his choice of medication" when she asked him if he "wished he had done anything differently," but this is not entirely the case, since Neil's relationship with the Lees was founded upon the medical care he gave their daughter, thus making the two topics one and the same. By voicing that he wished he had "accepted" that it would have been "easier for the family to comply with one medicine," he essentially took his relationship with them into consideration, finally recognizing that the gulf of miscommunication that separated him from them ultimately could have been reconciled—or at least slightly unburdened—if he had been open to compromise. In other words, he acknowledged his failure to work *together* with the Lees to ensure Lia's well-being.

SUMMARY AND ANALYSIS

The color-coded icons under each analysis entry make it easy to track where the themes occur most prominently throughout the work. Each icon corresponds to one of the themes explained in the Themes section of this LitChart.

PREFACE

Fadiman begins by calling attention to a carton of cassette tapes she keeps beneath her desk. Recorded on these tapes are the many conversations she had with American doctors and the Lee family, who came to the United States from Laos as refugees in 1980. She remarks that, even though these recordings have already been transcribed, she sometimes likes to listen to them, hearing the Lee family speak in the Hmong language and remembering their apartment and the food they served her. She recalls her first visit to Merced, California, in the spring of 1988, when she arrived in the small city after hearing there were "strange misunderstandings" taking place at the county hospital between Hmong patients and American doctors. By being there, she "hoped that the culture of American medicine [...] and the culture of the Hmong [...] would in some way illuminate each other [...]."

In this opening, Fadiman quickly establishes her investment in the idea cross-cultural progress, the notion that two cultures might, if mediated correctly, enrich one another. This is implied by her hope that American medicine and Hmong culture could "illuminate each other." Her desire to put these two seemingly disparate communities in concert with one another emphasizes her conviction that "strange misunderstandings" can be avoided if each party assumes the correct relational posturing.

Admitting that her desire to explore the intersection between medicine and Hmong spirituality was originally "all theory," Fadiman explains how Lia Lee's story changed her perspective. Lia's medical case challenged the Merced hospital by presenting difficult cross-cultural misunderstandings, causing the doctors and family to clash with one another. Fadiman admits that she eventually came to grow quite fond of both the doctors and the Lees, asserting that it was nearly impossible to determine whom to blame for the strife caused by Lia's illness and treatment complications. After spending a lot of time with the Hmong, though, she stopped "parsing the situation in such linear terms" and started thinking "a little less like an American and a little more like a Hmong." She also explains that while working on this book she experienced many medical difficulties in her own life, as she, her husband, her father, and her daughter all suffered from various ailments that further encouraged her to ask, "What is a good doctor?" and "What is a good parent?"

Fadiman's ability to leave behind the "linear terms" associated with American thinking—and more specifically with Western medicine—is a crucial aspect of her disposition as a writer and ethnographer. Her willingness to switch modes of thinking, stepping out of her own culture's beliefs, enables her to approach the complicated story of Lia Lee's medical history with nuance and to see the situation from multiple perspectives at once.

CHAPTER 1: BIRTH

Lia Lee was not born in the highlands of northwest Laos, where twelve of her older siblings were born. If she had been, her mother Foua would have carried out the delivery herself while squatting over the dirt floor of the house her father Nao Kao had made with planks of wood and thatched bamboo. Fadiman writes that Foua is still proud of the fact that she gave birth alone to her Laos-born children; Nao Kao only brought cups of hot water if her mouth was parched. Otherwise, she labored in solitude and silence, sometimes praying to her ancestors while her older children slept nearby. If she had ever encountered any birthing difficulties, she could have called upon a *txiv neeb*—a shamanistic healer—who the Hmong believe has the power to "enter a trance" and "negotiate for his patients' health with the spirits who lived in the realm of the unseen."

These birthing rituals make clear the difference between the Hmong and American approaches to health and medical treatment. Whereas Americans fuss over childbirth in sterile hospital rooms, the Hmong bravely embrace natural childbirth. By relating how Lia would have *been born if she lived in Laos, Fadiman provides a glimpse of the Hmongs' impressive and stoic strength while also demonstrating the cultural and utilitarian importance of shamanistic healers in Hmong society.*

Fadiman explains various Hmong beliefs surrounding health and spirituality, including the idea that humans must be weary of *dabs*, or evil spirits who can steal or otherwise afflict the soul. She also explains the Hmong ritual of burying a baby's placenta, an important endeavor due to their belief that a person's spirit must upon death retrace their steps until reaching the placenta and putting it on like a jacket. Only once the soul is donned as such can it embark on its journey to the sky (past *dabs* and other dangerous obstacles) and join its ancestors before one day being reborn. Without the placenta, the soul is doomed to "an eternity of wandering, naked and alone."

Once more, Fadiman underlines the drastically different beliefs surrounding childbirth in Hmong and American culture. Perhaps the starkest delineation between these two belief systems can be seen in the differing attitudes toward the placenta: the Hmong covet it as valuable to their spiritual journeys, whereas Americans quickly discard it for sanitary reasons.

Because the Lees fled Laos along with 150,000 other Hmong when the country was toppled by communist forces in 1975, they have no idea whether or not the placentas they buried in their home are still safely in the ground. Fadiman points out that, since the Lees fled first to one Thai refugee camp, then to Portland, Oregon, and finally to Merced, their souls will have a long way to travel in order to recover their placental "jackets."

The fact that the Lees' souls will have to travel such a long way to retrieve the placenta calls attention to the difficulties they face as refugees—it seems that even after death they will face complications related to their immigration.

Lia was the first Lee child born in America. Foua gave birth to her in Merced Community Medical Center (MCMC) on July 19, 1982. Unaware that the Lees wanted to keep their daughter's placenta, the doctors incinerated it. It's quite likely that they wouldn't have even allowed Nao Kao and Foua to take it home anyway, since many Merced doctors were troubled by the Hmong's desire to keep the placenta, believing that these unknown and unassimilated foreigners wanted to eat it. Despite this oversight, though, Lia's birth went well, and she was deemed a "healthy infant." Three days later, she was released from the hospital, at which point her mother signed a release paper, despite the fact that she could not read and didn't speak any English.

The burning of Lia's placenta by ignorant doctors foreshadows the intense struggle the Lees must face later in life when the American medical system fails to accommodate or understand their spiritual beliefs. Furthermore, the fact that doctors in Merced assumed that the Hmong ate placentas is a testament to the naïve bigotry these immigrants and refugees were up against when dealing with Americans who had no interest in actually learning about their culture.

Although Hmong custom dictates that the soul-calling ceremony—when the child's name is decided upon—should take place on the third day of the child's life, the Lees had to wait an entire month to save money from their welfare checks. Fadiman briefly outlines the many ways in which the Hmong believe illness can manifest, eventually maintaining that the most common of them all is "soul loss." She writes that "the life-souls of newborn babies are especially prone to disappearance, since they are so small, so vulnerable, and so precariously poised between the realm of the unseen, from which they have just traveled, and the realm of the living."

In this section, Fadiman further establishes the importance of the soul in the Hmong's spiritual conception. That the Lees had to wait to perform this important ceremony underlines the extent to which they were subject to the various economic strains related to immigration.

CHAPTER 2: FISH SOUP

Fadiman relates a story told to her by a French professor who taught an intermediate class at Merced College. A young Hmong man gave a presentation about how to make fish soup. In the presentation, he spent forty-five minutes painstakingly detailing the entire process, from choosing the right kind of hook to go fishing to preparing herb broths. The French professor told Fadiman that this comprehensive approach is "the essence of the Hmong." Fadiman compares this to the Hmong phrase, "to speak of all kinds of things," which is used as a way of reminding listeners that "the world is full of things that may not seem to be connected but really are; that no event occurs in isolation."

It is arguable that Fadiman herself takes this sentiment of comprehensive storytelling to heart in the composition of The Spirit Catches You and You Fall Down, *which is comprised of multiple examples, anecdotes, and asides that all work—sometimes in circuitous ways—to provide a thorough portrait of the Hmong. This approach is also in keeping with her assertion in the preface that she learned to stop thinking in a linear fashion. Just as the young man included seemingly unrelated instructions in his presentation about fish soup, Fadiman commits herself to bringing all sorts of considerations into her ethnographic account in order to better illuminate her subjects.*

Taking this longwinded comprehensive approach to heart, Fadiman says that she will go back "a few hundred generations" in order to explain the origins of Hmong culture. She explains that the Hmong, as a people, have time and again "responded to persecution and to pressures to assimilate by either fighting or migrating." This pattern has been repeated in many different scenarios, beginning with the first clashes between the Hmong and Chinese rulers who wanted them to submit to Chinese lifestyles, a tension that dates back to 2700 B.C. Later, in A.D. 400, the Hmong successfully established independence in China's Honan, Hupeh, and Hunan provinces, ruling there for 500 years before their kingdom was defeated by China, at which point the majority of the population migrated once again. This pattern continued until the beginning of the 19th century, when the Hmong decided to quit China for Indochina, settling in the highlands of what the contemporary world now considers Vietnam, Laos, and Thailand.

Fadiman here reveals her propensity for using historical analysis to better understand current-day Hmong dispositions. This is a typical ethnographic technique of providing insight into the origins of a culture, though it raises an interesting question about the use of generalization in the context of cultural analysis; one the one hand, her recognition of the Hmong pattern of fighting or fleeing is both historically accurate and helpful in understanding various decisions that the Lees make later in the book. On the other hand, though, it runs the risk of oversimplifying an entire population's capacity to make decisions. Even though Fadiman is certainly not wrong to make this observation (which is ultimately helpful, well-considered, and harmless), it's worth bearing in mind that similar generalizations can lead to oversimplified and insensitive judgments of other cultures.

When France took control of Indochina in the late 19th century, the Hmong fought back. Finally, in 1920, the French granted them "special administrative status" and left them alone, marking the beginning of a peaceful stretch of several decades in which the Hmong lived contentedly, especially in the Laos highlands, where they rarely interacted with the French or lowland Laotians. Fadiman argues that this history serves as a valuable lesson that the Hmong "do not like to take orders; that they do not like to lose; that they are not intimidated by being outnumbered; that they are rarely persuaded that the customs of other cultures, even those more powerful than their own, are superior; that they are capable of getting very angry." She also notes, however, that the Hmong can be very welcoming to anthropologists and other outsiders.

Fadiman's comments about the Hmong's unwillingness to submit to or take orders from others are helpful in understanding the relationship between the Lees and the doctors at Merced's hospital. From Fadiman's account of the Hmong's early history, it becomes clear that resilience is woven throughout the overall Hmong ethnic identity.

CHAPTER 3: THE SPIRIT CATCHES YOU AND YOU FALL DOWN

Three months after her healthy birth, Lia went into a seizure after her older sister Yer loudly slammed the apartment door. Foua and Nao Kao immediately suspected what happened: the loud sound so frightened their daughter that her soul fled her body, a phenomenon known to them as *quag dab peg*, meaning *the spirit catches you and you fall down*. In English—and medical—terms, this is called epilepsy. In contrast to how Western medicine approaches this affliction, the Hmong believe *quag dab peg* brings a person distinction, as seizures often deem people "fit for divine office." Indeed, many Hmongs with epilepsy often become *txiv neebs*, or shamanistic healers—a very well-respected position in Hmong culture. Such illnesses often indicate to the Hmong that a person "has been chosen to be the host of a healing spirit." As such, the Lees were conflicted about Lia's affliction, for while they wanted their daughter to be healthy, they were also fond of the idea of her assuming such a culturally sought after and important role.

Given that her parents were unable to conduct her soul calling ceremony for three months after her birth, it is noteworthy that Lia suffered from an ailment believed to be in direct relation to the loss of the soul. The fact that her parents were conflicted about her affliction is also important, as this starkly contrasts the attitude of Western medicine, which seeks to solve anything perceived as potentially difficult for or harmful to the body. This illustrates the difference between American and Hmong cultural values—whereas the former prizes physical health, the latter prizes spiritual prosperity.

Fadiman notes that the Hmong are well-known for showering their children with love and affection. Their attentiveness and caretaking abilities score very high in studies on parent-child connections. She writes that Jeanine Hilt, a social worker who worked closely with the Lees, once said, "They felt Lia was kind of an anointed one, like a member of royalty." Indeed, Fadiman remarks that Lia was her parents' favorite child. Unfortunately, the family seemed to blame Yer for slamming the door, despite Jeanine's insistence that this had nothing to do with Lia's seizures.

By viewing Lia as "an anointed one" because of her epilepsy, the Lees demonstrated a sentiment that would seem strange to non-Hmong Americans—they're championing illness rather than trying to eradicate it. Still, though, it is clear their feelings about Lia's health were mixed, as evidenced by the fact that they blamed Yer—this blame perhaps signified their desire to control their understanding of the situation, a sentiment that further indicates their mixed feelings about the circumstances of their daughter's health.

After her first seizure, Lia had at least twenty more during the next few months. Despite the fact that they didn't entirely trust or invest themselves in the efficacy of Western medicine, Foua and Nao Kao brought her to MCMC on two of these occasions, though Lia had stopped seizing both times by the time they arrived. MCMC didn't have sufficient interpreters on staff (despite that one in five residents of Merced was Hmong), so the Lees had no way of communicating to the doctors why they brought in their daughter. The only symptoms she exhibited were congestion and a cough, and so she was sent home without a proper diagnosis.

That the Lees brought Lia to the hospital despite their misgivings about Western medicine reinforces the idea that they are diligent parents who are perhaps not as unbending in their beliefs as others may think. Unfortunately, MCMC failed to provide them with interpreters—the second failure of American healthcare to attentively treat the Lees (after having burned Lia's placenta).

Lia's third trip to the hospital went differently than the first two. First of all, she arrived while seizing. Fortunately, there was a doctor on rotation, Dan Murphy, who was particularly interested in Merced's Hmong population. Second of all, Foua and Nao Kao brought their nephew, who was able to translate (though not very well). Fadiman includes Dan Murphy's recollection of this first encounter with the Lee family, in which he felt "very anxious" because he needed to get an IV of Valium inserted into Lia's scalp as she was seizing, all the while trying to explain to the Lees what he was doing.

In this moment, the direness of Lia's condition comes to the forefront of Fadiman's writing; the serious threat her epilepsy posed to her is discernible in Dan Murphy's mounting anxiety. Of course, amidst all this worry stood the seemingly insurmountable obstacle of the language barrier between the Lees and Lia's doctors, which only exacerbated both the immediate concerns of Lia's health and the broader concerns regarding differing cultural values, which, for the moment, were ignored.

Dan eventually diagnosed Lia with epilepsy, having no idea that her parents had already determined that she was afflicted by *the spirit catches you and you fall down*. Fadiman notes that Dan would have been surprised to learn that Foua and Nao Kao attributed Lia's seizures to "soul loss"; conversely, Foua and Nao Kao would have been surprised to learn that Dan attributed the seizures to "an electrochemical storm inside their daughter's head that had been stirred up by the misfiring of aberrant brain cells."

By stating that each party would have been surprised to hear what the other believed was causing Lia's illness, Fadiman highlights the gulf standing between Dan Murphy and the Lees. Beyond the issue of a language barrier, this problem was the result of a lack in cross-cultural curiosity, since neither group even thought to ask each other about their beliefs. As such, everybody seemed to have foolishly assumed they were more or less operating under the same set of assumptions.

Fadiman calls Dan's view of epilepsy "essentially rationalist," saying that, like the rest of his medical colleagues, he follows in the footsteps of skeptics like Hippocrates, who said in 400 B.C, "It seems to me that [epilepsy] is no more divine than any other. It has a natural cause just as other diseases have. Men think it is divine merely because they don't understand it. But if they called everything divine which they do not understand, why, there would be no end of divine things." As such, Dan saw Lia's epilepsy as something to be cured. He set about trying to do just that, admitting her as an inpatient to MCMC and running a battery of tests before discharging her more than a week later. Her epilepsy, the tests determined, was "idiopathic," meaning that the causes were unknown. Before the Lees took home their daughter, they were instructed—by way of a translating relative—to give her certain amounts of ampicillin and Dilantin (an anticonvulsant) twice a day.

Hippocrates is a towering figure in medical history who represents rationality and the necessity of saving lives. Although scholars debate whether or not he actually wrote it, he is the namesake for the Hippocratic Oath, an oath that many physicians have taken, promising to uphold certain standards of medical ethics. As such, most modern doctors are in some way involved in the rationalist thought set forth by Hippocrates that encourages them to adhere to the idea of scientific morality. This means that if a doctor believes he or she is doing the right thing for a patient, he or she is morally obligated to continue to do so.

CHAPTER 4: DO DOCTORS EAT BRAINS?

Fadiman further explores Hmong distrust of Western medicine by describing one woman's experience returning to Ban Vinai, a refugee camp in Thailand that she used to live in before relocating to Minnesota. Apparently, her fellow Hmong—all of whom had yet to come to the United States—were eager to ask her questions regarding rumors they'd heard; they asked if it's forbidden to use shamans in the United States, why doctors extract so much blood from patients, why doctors dissect bodies after death, and if doctors eat the organs of Hmong patients.

These questions underlined the anxiety surrounding the differences in the two cultures' medical practices, of which there were clearly many. By including these anxieties, Fadiman provides a glimpse at how the Hmong view American hospitals—it is, of course, easy to write these questions off as absurd, but it's important to consider the fact that the people who asked them harbored wildly different conceptions of how health operates. With no basis of understanding Western medicine, it's no surprise that rumors proliferated as a way of reflecting fears of the unknown.

To make matters worse, Fadiman writes, the Hmong believe that many Western medical practices run the risk of *harming* patients. For example, the Hmong maintain that each person contains a finite amount of blood, so any blood extraction is viewed as dangerous. Furthermore, they believe that the soul is vulnerable when somebody is unconscious, meaning that to undergo anesthesia is to invite *dabs*—evil spirits—to draw near and steal the soul. Based on these practices, which appear so egregiously dangerous to the Hmong, rumors spread wildly throughout the Hmong community about how American doctors treat patients. As such, hospitals were not considered restorative, healing places. Nonetheless, the Lees were willing to take Lia to MCMC because of their own conviction that Western medicine could, in certain very straightforward ways, treat basic maladies.

In this passage Fadiman further legitimizes Hmong fears about Western medicine by explaining the roots of their misgivings. Just as she uses history to illustrate the nature of the contemporary Hmong ethnic identity, she examines the culture's most fundamental beliefs to show that their fears aren't as irrational as they might otherwise seem. This is a perfect example of the kind of cultural curiosity and attentiveness that can enable somebody to relate with people who come from drastically different backgrounds.

CHAPTER 5: TAKE AS DIRECTED

Lia continued to have frequent seizures, many of them violent and dangerous. When she convulsed without regaining consciousness, she entered a state known as "status epilepticus," a condition of constant seizing that greatly compromised her oxygen intake, thereby threatening her life and brain functions. When this was the case, she would continue to seize until doctors injected large amounts of anticonvulsants into her bloodstream. The doctors at MCMC came to fear Lia's arrival, for they knew that every minute she continued to convulse while in status epilepticus was harming her brain.

Again, Lia's dire circumstances proved stressful for her doctors, who were clearly further burdened by their own inability to connect with the Lees. By emphasizing the urgency of Lia's medical condition, Fadiman invites readers to feel the same sort of terror the doctors must have felt when trying to keep her from becoming even more mentally incapacitated.

As Lia's trips to MCMC became more frequent, her primary pediatricians, Neil Ernst and Peggy Philp (a married couple) came to know her and her parents very well. Neil and Peggy were highly respected in the medical community as intelligent, calm, and thorough doctors, and Fadiman made much use of them while writing this book, often interviewing them and going over Lia's medical records with them. During one hospital visit, Nao Kao went home to get some sleep and returned to find that Lia had fallen out of her crib and bumped her head, an event that infuriated him and made him even more suspicious of the hospital and its ability to heal his daughter. Still, the Lees continued to dutifully take her to MCMC, where, once she stopped convulsing, she often displayed extraordinary amounts of energy, tirelessly annoying the nursing staff with her rambunctiousness and distaste for swallowing medications.

Fadiman makes an effort to depict Neil and Peggy as caring doctors who were willing to examine Lia's medical records for the sake of providing a thorough, accurate, and comprehensive portrait of her illness. In doing so, Fadiman reasserts her relative neutrality between the Lees and the doctors, and it becomes clear that she is sympathetic to both groups, an important factor when it comes to the composition of an unbiased account of a messy cultural collision.

Lia's medication regimen began to prove difficult for the Lees to follow. Peggy Philp originally prescribed an anticonvulsant called Dilantin, then changed to phenobarbital, then decided to try using both at once, on top of which other neurologists prescribed Tegretol (to be used first with both the Dilantin and phenobarbital, then only with the phenobarbital) and Depakene (to be used alone)—in just four and a half short years, Nao Kao and Foua had been told to give their daughter 14 different medications at various times and in fluctuating combinations. This proved difficult, since they remained unable to speak or understand both verbal and written English and thus found themselves hard-pressed to follow the complicated instructions each medication bore.

The fact that Lia's doctors prescribed such complicated regimens illustrates the extent to which they failed to grasp the cultural barriers they faced in treating a Hmong. Not only did they fail to take into account the vast linguistic complications that arose when Foua and Nao Kao had to read or listen to instructions about how to administer medicine, but they also failed to recognize the possibility that they might have to alter their approach to accommodate the Lees' capabilities and beliefs.

After raising Lia's phenobarbital dosage and seeing that blood tests reflected the same lack of the medication she had noticed before changing the dosage, Peggy began to understand that Foua and Nao Kao weren't administering the drug properly. Whether or not this was because the parents didn't understand or because they didn't want to give Lia the prescribed medications, she remained unsure. Both she and Neil were becoming frustrated with the level of miscommunication between them and the Lees and started wondering if perhaps Foua and Nao Kao were intentionally deceiving them by acting more ignorant than they actually were. Neil told Fadiman in retrospect that it felt as if Nao Kao "put up a 'stone wall' and was sometimes deliberately deceitful." Peggy also confided to her that she felt Foua "was 'either very stupid or a loonybird' because her answers, even on those occasions when they were accurately translated, often didn't make sense."

Although Neil and Peggy were attentive pediatricians, it appears that they had little tolerance for noncompliance—in short, they weren't used to being challenged. It's worth noting that they exhibited very little flexibility by growing angry at the first sign that Foua and Nao Kao weren't following their instructions. Peggy's initial reaction was to think that Foua was stupid, a reaction that indicates a certain underlying cultural impatience; rather than considering the fact that Foua was perhaps operating within a different framework, Peggy assumed that she was stupid and incompetent. A failure to adopt American cultural values automatically reflected negatively on Foua's intelligence.

The Merced County Health Department started sending nurses to Nao Kao and Foua's home in order to make sure Lia was taking the correct amounts of medication. These nurses tried diligently to instruct the Lees but were ultimately unsuccessful, as Lia's blood levels continued to show deficits of the prescribed drugs. Cooperation began to emerge in the nurses' notes as a clear issue, as Foua and Nao Kao insisted that the medications had undesirable side effects on their daughter. Eventually, one of the nurses noted: "Father had become more and more reluctant to give medications at all because he feels that the medicines are causing the seizures and also the fever." In keeping with this, Foua told Dan Murphy one night at MCMC that she "didn't think you should ever have to give a medicine forever."

Slowly but surely, the idea of compliance began to emerge as an obstacle capable of further dividing the doctors and the Lees. Indeed, the doctors assumed that it was Foua and Nao Kao's job to adhere to the medical plan, and they did not consider the fact that perhaps they themselves—the doctors—should at least seek to understand the Hmong beliefs that were no doubt guiding the Lees' decisions.

Lia continued to have serious seizures and her parents maintained their skepticism of the prescribed medications. Peggy Philp noted in an Ambulatory Care Physicians' Report that Lia "had 'no words (altho used to say sev. words),'" and posited that it was possible the child suffered from developmental delay. She and Neil—though not surprised—were upset by this conclusion because they wholeheartedly believed it could have been avoided if Nao Kao and Foua had properly administered Lia's medications. Despite the fact that these two doctors had chosen MCMC—a teaching hospital that catered to underserved populations—in order to give back to those who were less fortunate, they found themselves deeply frustrated by this impossible case, feeling that the Lees' cycle of noncompliance was never-ending. When he found a double dose of Tegretol in Lia's blood (Foua and Nao Kao had decided they liked Tegretol), Neil wrote a letter to Child Protective Services, advising them to place Lia in foster care.

At this point in The Spirit Catches You and You Fall Down, *the idea of right and wrong begins to blur. On the one hand, the Lees had every right to exercise their beliefs. On the other hand, though, their failure to administer Lia's medications had seemingly measurable negative results, meaning that Neil was equally entitled to wield his institutional power by writing to CPS. Fadiman presents this information without aligning with either side, allowing readers to dwell in a place of uncertainty regarding what was best for Lia. In doing so, she foregrounds the cultural dilemma central to the entire book, casting it as a moral quandary capable of directly affecting Lia's life.*

CHAPTER 6: HIGH-VELOCITY TRANSCORTICAL LEAD THERAPY

Fadiman considers the fact that the Hmong view health concerns as not only relating to the body, but also relating to everything else in their lives. If a Hmong walked into a doctor's office complaining of a stomachache, she says, he may actually be "complaining that the entire universe was out of balance." This viewpoint stands in direct opposition to Western medicine, which invests itself in the study of specific body parts and illnesses that are treated in isolation. After making this point, Fadiman once more expounds upon the multiple ways in which the Hmong distrust American hospitals, which prove themselves utterly incapable of understanding their worldviews.

The example Fadiman uses to illustrate the Hmong belief that everything is related is in keeping with her earlier consideration of the young French student's comprehensive presentation of fish soup. This is a difficult concept for doctors steeped in empiricism and research to wrap their heads around. Western medicine rewards specialization—even Neil and Peggy, pediatricians, are specialized in a particular area of care. Once again, Fadiman brings opposing Hmong and American health-related beliefs to the forefront of her analysis.

Fadiman's old college friend Bill Selvidge (and the former chief resident at MCMC) explained to her that, due to the fact that most doctors are unlikely to ask their Hmong patients what they actually believe, they unfortunately remain unable to fully help them. Instead, they adopt a sardonic and black humor, suggesting that the best way to treat Hmong complaining of vague illnesses is to subject them to "high-velocity transcortical lead therapy"; when Fadiman asked what this means, he replied, "The patient should be shot in the head." Much of this bitter attitude is the result of the thankless atmosphere in which the doctors are made to constantly toil—Selvidge explained that Hmong behavior can be quite strange to outsiders and that the doctors at MCMC often find themselves frustrated by the fact that the Hmong distrust them.

It's worth noting that, though this conversation with Bill Selvidge unearths yet another friction between the Hmong and MCMC's staff, it also suggests a similarity between the two cultures. Just as shamanistic healers are highly respected in Hmong culture, medical doctors have become accustomed to the same respect in the context of the hospital, a fact that would perhaps not be so hard for a Hmong to understand if somebody took the time to explain it in such terms.

In an attempt to illustrate the seemingly inscrutable atmosphere MCMC doctors must work in when treating Hmong patients, Fadiman lists the many things that seem odd about Hmong culture, eventually describing the practice of coin-rubbing, wherein a coin is rubbed against the skin to create lesions. She relates one story she heard from Dan Murphy, who told her that a Hmong father was jailed in Fresno after a teacher found coin-rubbing lesions on his child's chest—the father ended up hanging himself in the jail cell. Fadiman notes that, though the story is quite likely exaggerated, the doctors of Merced "were shaken to realize how high the stakes could be if they made a tactical error in dealing with the Hmong."

Once more, Fadiman emphasizes the high-stakes environment that MCMC doctors faced when treating Hmong patients. Such worries regarding the horrific possible results of cross-cultural misunderstandings added to the already intense stressors placed on Lia's doctors, stressors that centered on the dire and urgent nature of her illness. Once more, it is no surprise that the doctors of MCMC ended up clashing with the Lees, given the tense circumstances.

Fadiman details the myriad difficulties doctors faced when treading into Hmong culture. One of the easiest ways to offend a Hmong family, she says, was by addressing an English-speaking teenager instead of the head of the household. Indeed, problems of translation were difficult to avoid, especially considering the fact that some English words required sentence-long translations that *still* failed to retain the original meaning. There were also issues surrounding decision-making, since in many cases a Hmong patient wouldn't consent to certain procedures without consulting the respected members of their clan, a caveat that often proved life-threatening when doctors needed fast-acting consent to perform surgeries in moments of crisis. Fadiman asked one doctor what she did when a Hmong patient's wishes went against her medically informed opinion; "I have the same standard of care for the Hmong as I have for everyone else," she said. "My hands are just tied to provide it. So I give them suboptimal care."

Although it may seem irresponsible to provide "suboptimal care" to a patient in need, this doctor's decision to do so is an example of what it might look like to come to terms with the complicated cultural barriers at play. Of course, this attitude would prove challenging for any doctor firmly rooted in the rationalist notion that the ethics of practicing medicine require physicians to do whatever they believe will help a patient.

CHAPTER 7: GOVERNMENT PROPERTY

Unlike other doctors, Fadiman points out, Neil Ernst remained unbending in his care for Lia, ultimately unwilling to compromise the quality of his services to accommodate Foua and Nao Kao's beliefs or abilities. In retrospect, Fadiman writes, he questioned this decision, but at the time he was steadfast in his belief that he was doing the right thing. Fadiman wonders if his refusal to find a middle ground of sorts with the Lees may have negatively affected Lia; if he had proposed a simpler—albeit less medically effective—treatment, perhaps he and the Lees could have prevented the girl's later medical problems that may have been the result of her failing medicinal regimen.

By thinking in this hypothetical manner—positing that perhaps Lia's life could have been improved if Neil had been willing to provide her with manageable but "suboptimal care"—Fadiman ultimately advocates for a certain capacity toward cultural leniency, or a disposition that might allow doctors to reasonably assess the limitations placed on them by various cross-cultural complications.

On May 2, 1985, Child Protective Services (CPS) placed Lia in temporary foster care for two weeks, after which she returned home. Because Foua and Nao Kao continued their pattern of noncompliance by neglecting to properly administer the drugs again, she was once more taken away on June 6th, this time for six months. CPS workers arrived at the Lee house with Sue Xiong, a Hmong interpreter whom Nao Kao disliked because he believed she told the doctors that he wasn't following his daughter's prescribed medicinal regimen. Foua was out of the house at the time. Nao Kao remembered the situation, saying, "I almost killed the translator. I said, This is my child and I love her. The police said for six months Lia is government property." Using a master's thesis in anthropology as a jumping-off point, Fadiman argues that once matters like this one go from the doctor's office to the courts, suddenly they aren't about disagreement or conflicting beliefs, but about power.

Nao Kao and Foua's refusal to follow the suggested medical regimen indicated their desire to treat their daughter according to their own beliefs. This attitude recalls Fadiman's earlier assertion that the Hmong can often be stubborn and resilient in the face of authority, though it's hard to deny in this moment that their unwillingness to cooperate lacked a certain amount of foresight, since it was so clear that they would lose Lia if they didn't follow the doctors' rules. Nevertheless, the situation had turned into a power struggle—and as Fadiman has already pointed out, the Hmong are very much averse to power and coercion. To follow Fadiman's model of understanding the Hmong, the Lees were merely engaging in the culture's age-old tendency to fight authority or flee: in this case, of course, they were fighting.

For the six months that Lia was "government property," she was placed in the care of Dee and Tom Korda, two seasoned parents who had already housed many foster children (many with disabilities) in addition to their five biological offspring. Jeanine Hilt, the culturally sensitive social worker assigned to Lia's case, made a point of frequently visiting the Kordas, noting that Lia exhibited intense behavioral problems and that she was in general wildly difficult. Nonetheless, Dee treated the child incredibly well and began inviting Foua and Nao Kao over to visit. The two families eventually grew quite close, and Dee even asked Foua to babysit for her. What's more, though she loved having Lia in her life, Dee formally urged CPS to return the girl to her family.

It is clear that Dee Korda possessed the ability to accept cultural differences, an ability Lia's doctors seemed on the whole to lack, despite their best intentions. Rather than assuming Nao Kao and Foua were terrible parents, she invited them to her home and actually got to know them, taking the time to try to understand the situation's myriad complexities. As a result, she had a more comprehensive view of the situation and knew that it was wrong for Lia to have been taken from her family.

Unfortunately, Lia was not returned to the Lees after six months because of two reasons. First, her parents refused to sign a Social Services Plan stating their willingness to administer their daughter's medications because they believed that she should be returned immediately. Second, when Lia came home for a one-week trial, Foua and Nao Kao again neglected to administer her medications—she was rushed to the hospital the day after returning to the Kordas' because of a grand mal seizure.

Once again, Foua and Nao Kao demonstrated their unbending will to attend to Lia according to their own beliefs. Although they perhaps showed some flexibility in the past by taking Lia to the hospital, in this moment they exhibited an unwillingness to mediate between their culture and the culture of Western medicine—the same kind of cultural narrow-mindedness demonstrated by MCMC's staff.

Jeanine Hilt continued to work with Foua, teaching her how to correctly give Lia the proper amounts of medication. This task was made slightly easier by the fact that Terry Hutchinson—a doctor Dee had taken Lia to at Valley Children's Hospital in Fresno—had decided to prescribe Depakene without any other medications. Jeanine made considerable progress with the Lees, clearly having invested in them a confidence and fondness, exemplified by the fact that she remained supportive of them even when, on a subsequent trip to their house, Nao Kao wielded a baseball bat and threatened to beat Sue Xiong to death. Despite this incident, Jeanine continued to advocate for the Lees, and on April 30, 1986, Lia was reunited with her family.

Just as Dee Korda exemplified what it might look like to competently bridge two clashing cultures, Jeanine Hilt proved herself capable of acting as an intermediary between the strict American government and the stubborn Lees. By calling attention to Jeanine's devotion to working with both sides, Fadiman once more advocates for cultural flexibility in the context of medical disaster.

CHAPTER 8: FOUA AND NAO KAO

Fadiman details the difficulty she encountered upon trying to meet Merced's Hmong population. Her first attempts to interview Hmong people all failed because her Hmong interpreters were relatively unhelpful, often translating several minute-long answers using only one or two words. Luckily, her friend Bill Selvidge introduced her to Sukey Waller, a psychologist who worked with many Hmong patients. Sukey explained that her job depended upon her ability to understand and accommodate Hmong culture, since the Hmong don't believe in purely psychological problems to begin with; rather, they see no distinction between physical and mental illnesses. As such, Sukey had to learn about Hmong spiritual beliefs in order to understand how to help them with their mental health issues.

Fadiman holds up Sukey Waller as yet another example of a competent voyager between cultures, showcasing the psychologist's ability to step outside the paradigms of her profession in order to successfully address the Hmong she hoped to help.

Sukey suggested that Fadiman find a good interpreter, or what she called a "cultural broker," somebody who could integrate Fadiman into the Hmong community. A local Hmong leader named Blia Yao Moua, a friend of Sukey's, introduced Fadiman to May Ying Xiong, a twenty-year-old clerk-typist and runner-up in a national Miss Hmong pageant. Because Blia Yao Moua (who had no relationship with MCMC) set up the first meeting between Fadiman and the Lees—and because May Ying's husband belongs to the same family clan as Foua and Nao Kao—the Lees readily accepted her into their apartment, politely answering her many ignorant questions.

It's worth noting that Fadiman entered the Lees' lives on their own terms. The careful attention she paid to important cultural hierarchies and social relations ultimately rendered her capable of connecting with Foua and Nao Kao in ways her doctors would never have thought possible (due to their own failure to attempt to interact with the Lees outside the context of what they saw as the proper doctor-patient relationships).

As the Lees and Fadiman became closer, Nao Kao and Foua hoped to provide her with knowledge about Hmong culture so that she could share their various beliefs with the doctors at MCMC. At one point, Nao Kao bemoaned the fact that American doctors didn't believe the Hmong when they told them that somebody was suffering from soul loss, instead trying to treat them using only medicine. He maintained that medicine can be helpful, but not on its own; in Lia's case, he said, it was best to use a little bit of medication in conjunction with a little bit of *neeb*, or shamanistic healing rituals.

Nao Kao's desire for Fadiman to report what the family believed to MCMC's doctors indicates that he perhaps understood that the misunderstandings afoot in Lia's treatment hinged on a lack of communication. Although it's true that he faced a difficult language barrier and that the doctors may have seemed too powerful and threatening to confront on his own, it's strange that he appeared so aware of the underlying problem without trying to open the lines of communication. As such, the lack of collaboration was as much his fault as it was the doctors'.

When Fadiman's boyfriend visited her in Merced, Foua decided that she would help get her married. Dressing Fadiman up in traditional Hmong clothing, Foua presented her to her boyfriend, who thought she looked ridiculous. Nonetheless, he asked her to marry him. When Fadiman told Foua that she'd gotten engaged, Foua was not surprised at all.

By providing this anecdote, Fadiman effectively achieves two things: first, she shows how close she and Foua eventually became; second, she backhandedly suggests that Hmong rituals are actually effective in some cases, despite how non-Hmong Americans might scoff at such a claim.

In a conversation about Laos, Foua expressed to Fadiman the differences between living in her homeland and living in the United States. In America, she said, she felt stupid and naïve, unable to navigate even the simplest of tasks. In Laos, though, she felt independent and capable, as she worked all day in the fields and the house. "Here it is a great country," she said. "You are comfortable. You have something eat. But you don't speak the language. You depend on other people for welfare. [...] I miss having something that really belongs to me."

This sad conversation demonstrates the existential strife refugees and immigrants often deal with while living in a foreign country that doesn't value the skills they cultivated in their homeland. Cut off from the context that shaped her identity, Foua felt estranged from everything that meant anything to her, a fact that left her feeling useless and incompetent. Unfortunately, what she correctly picked up on in this conversation was that Americans didn't understand who she really was and thus thought of her as stupid, just as Peggy did upon first discovering that the Lees weren't giving Lia her medicine.

CHAPTER 9: A LITTLE MEDICINE AND A LITTLE NEEB

When Lia came home in 1986, Nao Kao and Foua held a sacrificial ceremony in which they killed a cow. Fadiman gives a survey of sacrificial events in Hmong culture, explaining that rumors spread throughout Merced that the Hmong residents were eating dogs and cats. During the Lees' ceremony, the cow's head was placed on the front stoop. When Fadiman asked them if they thought this might disturb non-Hmong Americans, Nao Kao said, "Americans would think it was okay because we had the receipt for the cow."

Two cultural assumptions rise to the surface of this section: the first is that the Hmong eat dogs and cats; the second assumption is that Americans only care about money and thus would be unperturbed by the sight of a severed cow's head on a doorstep as long as the cow had been fairly purchased. Though both of these assumptions have relatively low stakes, they both show the Hmong's and American's mutual tendency to over-simplify the other culture in the name of easily disregarding one another.

Despite the ceremony they held for Lia, Foua and Nao Kao began to feel that she was in a worse condition than before she left their care, believing that the doctors gave her "too much medicine." Neil and Peggy also noticed her decline, but attributed it to the Lees' original failure to properly administer her medications. Desperate to restore her, the Lees redouble their *neeb* efforts, even flying to Minneapolis to visit a respected *txiv neeb*.

Yet again, a fundamental disagreement regarding the origins of Lia's illness exists between the Lees and the doctors. Unfortunately, neither party makes any attempt to remedy this disagreement, instead throwing themselves further into their own beliefs.

Jeanine Hilt continued to advocate for Lia, arranging for her to attend the Schelby Center for Special Education in order to give her parents some rest and to increase the child's social skills. One day Lia fell off a swing set at the Center, hitting her head and sending her into status epilepticus. At MCMC, she required extensive and invasive care as a breathing tube was put down her throat, eventually causing a tracheal infection. Recalling the event, Nao Kao said, "The doctors made Lia stay so long in the hospital, and it just made her sicker and sicker."

Although non-Hmong may have a hard time conceptualizing the idea that doctors made Lia "sicker and sicker," it's worth noting that, in this particular instance, Nao Kao was right: Lia developed an infection due to an instrument inserted into her body by doctors, meaning that she did *get "sicker" as a result of the treatment they provided (though, of course, these things sometimes happen and it was certainly not Neil's fault).*

Not long thereafter, Lia was admitted to MCMC once again, at which point Neil saw that the Depakene—which seemed to have been so effective—wasn't working. He began to worry that someday they would be unable to set up an IV to stop her seizures, since Lia was so overweight. As this tension mounted, Neil began to dread the day that Lia would arrive in the throes of a massive seizure he'd be unable to stop. "I started to have nightmares that it was going to happen […]," he said. "It was inevitable. It was just a matter of when."

In this moment, Neil's worry exemplifies the sense of dread that hovers on the edge of every page of the book—a feeling that no doubt further agitated the complicated intrapersonal and cross-cultural relationships at play. With both sides so eager to cure Lia, it became harder and harder to focus on various anthropological and social considerations.

CHAPTER 10: WAR

Fadiman turns her attention to Hmong history, surveying the origins of their time in Laos, where they dwelt in the mountains at high altitudes in which few other populations cared to live. They also established themselves as masterful opium farmers, though very few of them became addicts. They grew opium using a technique called "swidden agriculture," or "slash-and-burn, agriculture," a method of obtaining farmland by completely burning away large strips of forest. When a plot eventually became barren, the Hmong would pick up and move somewhere nearby, again razing the vegetation and planting new crops.

In this chapter, Fadiman redoubles her effort to provide a comprehensive analysis and portrait of the Hmong. Whereas she had originally framed their migrations as a way of escaping oppressive forces (which was indeed the case), now she presents migration as fundamental to their lifestyle and livelihood.

Fadiman focuses on the influence the Vietnam War had on the Hmong community in the 1960s and '70s. The complicated politics surrounding this war reach back to the Geneva Accords of 1954, when Laos, Cambodia, and Vietnam were recognized as independent states in what had been French Indochina. By these dictates, Laos was declared a neutral country. But because the nation was strategically based between Vietnam, Thailand, and Cambodia, it became a hotbed of covert political struggle. As such, a Laotian pro-communist army called the Pathet Lao eventually aligned with the communist Ho Chi Minh (the leader of North Vietnam) and fought against the anti-communist Royal Lao army, each side vying for control of the country. Because the United States wanted to stop the spread of communism but couldn't outwardly intervene because of the Geneva Accords, the CIA secretly armed and trained a group of Hmong soldiers to fight alongside the Royal Lao army. This group was called the Armée Clandestine.

In describing the role of the Laotian Civil War in Hmong history, Fadiman addresses the little-known role the Hmong played in the Vietnam War, thereby continuing to round out her depiction of Hmong history. She also shows that the Hmong have been unfairly treated by Americans since long before they emigrated to the United States.

Fadiman suggests that the Hmong sided with anti-communist forces because capitalism was less likely to impede upon their autonomy. "It was unlikely that communist agrarian land reformers would look with favor on Hmong swidden agriculture," she writes. The Hmong also worried that, since they had sided with the French before French Indochina fell, the North Vietnamese would show them little mercy. Furthermore, General Vang Pao, the Hmong leader of the Armée Clandestine, recruited vehemently, threatening villages that "failed to fill their soldier quotas. Regardless of the Hmong's motives to fight, though, one thing was sure: America saw the Hmong as a cheap solution to a difficult problem—indeed, the average Hmong soldier was paid approximately $3 per month, whereas the average American soldier was paid between $197.50 and $339 per month.

Yet again, the Hmong demonstrated the extent to which they are willing to fight to preserve their values. Indeed, their decision to fight communism had little to do with global politics, morality, or commitment to capitalism and democracy; Fadiman suggests instead that they sided against communism simply because they perceived it as a greater threat to their way of life and cultural values.

A controversial figure who was both feared and admired for his severe tactics, Vang Pao, became perhaps the most famous Hmong person in both Laos and the United States. During the war effort, he was flown twice to the United States and invited to the White House. Meanwhile, America secretly ensured Hmong collaboration by using Air America to transport opium. In keeping with such secrecy, the war in Laos became known as the "Quiet War," a struggle that raged in the shadows of the Vietnam War as the Soviet Union and the People's Republic of China covertly supported the Pathet Lao, pitting them against the anticommunist Royal Lao, an army for which many Hmong soldiers—including young teenagers—gave their lives.

Though the United States had to keep their involvement in Laos quiet because of the Geneva Accords, their steadfast secrecy was something of an insult to the many Hmong men and teenagers who sacrificed their lives for the CIA.

By the end of the Quiet War, the Pathet Lao had triumphed and Laos was left ravaged; "With their fields left rotting, their livestock abandoned, and their mountains emptied of game, more than 100,000 Hmong were kept alive by U.S. Sponsored food drops," writes Fadiman. But when the Vientiane Agreement of 1973 was signed, America cut off its aid program and stopped dropping food to the Hmong who had fought for them. A maximum of only 3,000 Hmongs (mostly high-ranking officers of the Royal Lao) were airlifted out of the dangerous country by American airplanes. Vang Pao also boarded an American helicopter, leaving over 100,000 Hmongs behind in what was now enemy territory.

By airdropping rice, the United States essentially established a culture of dependency amongst the Hmong. This is not to say that the Hmong were lazy, but rather to say that they had no other choice but to accept the American aid. This model ultimately set the stage for the distribution of welfare benefits that the majority of Hmong people subsisted on after emigrating to the United States in the 1970s and '80s.

CHAPTER 11: THE BIG ONE

On the night before Thanksgiving in 1986, Lia had a massive seizure and went into status epilepticus. Sensing that this episode was more serious than the others, her parents decided to call an ambulance rather than running the three blocks to the hospital with her in their arms (they thought that she would be attended to with more concern if she was escorted into MCMC by paramedics). Unfortunately, the ambulance ultimately took twenty minutes to get her to the hospital. Once there, the doctors tried desperately to establish an IV, but she was thrashing so hard that none of them could get the needle into a vein. Neil, who was at home preparing to go away for the long weekend, was paged to the hospital and knew in his gut that this seizure was the one he'd been dreading for so long.

The fact that the Lees believed Lia would receive more urgent attention if she arrived in an ambulance shows that they were willing to work within the paradigm of Western medicine when they saw fit to do so. Unfortunately, they misjudged the efficacy of this approach, endangering Lia once again due to a misunderstanding of the American medical system.

When Neil arrived at MCMC, the doctors continued to have trouble establishing an IV line, and Lia wasn't responding to Valium. Finally, one of the doctors suggested that they try a procedure called a "saphenous cutdown," in which the patient's vein is cut open and a catheter is inserted and then sutured into place. This finally stabilized Lia, who had been in status epilepticus for almost two hours (even just 20 minutes of status epilepticus is considered life-threatening). Oddly enough, she also had diarrhea and a fever—something the doctors noted but to which they paid no attention. Thinking that the situation was under control, Neil called Valley Children's Hospital in Fresno (which was better equipped to handle such serious problems) and arranged for Lia to be transferred for the weekend, instructing them on the details of her case so that she would be adequately cared for in his absence.

Once again, Fadiman emphasizes the urgency of Lia's medical condition, this time making it clear that the Lees' failure to bring her to the hospital as quickly as possible—an innocent mistake, but a mistake nonetheless—may have harmed her brain. In addition, she shows that Neil is doing his best to make sure that Lia gets the best care, even though ignoring her fever and diarrhea was also an innocent mistake that would harm her health.

Unfortunately, Lia arrived at Valley Children's Hospital in the middle of another grand mal seizure. The doctors there found that her white blood-cell count was high and that she was running a temperature of 104.9°. The presiding specialist also noted that she was experiencing "explosive diarrhea showing large amount of water, foul smelling stools, with pus appearance." This doctor worked on Lia for twelve consecutive hours that night (the night before Thanksgiving), failing to correctly identify her gender despite the fact that he correctly diagnosed her as suffering from septic shock, "the result of a bacterial invasion of the circulatory system" that can cause "the failure of one organ after another." This subsequently lead to other serious conditions, eventually leaving Lia in a permanently nonresponsive state.

The fact that the doctor at Valley Children's Hospital failed to accurately notice Lia's gender is an example of the worst elements of Western medical practice, which is the tendency to treat parts of bodies without ever fully considering patients on a human level. One gets the sense that a Hmong shaman—who in the throes of seizing risks his life for his patients— would never make this kind of mistake.

Nao Kao and Foua arrived at Children's Valley Hospital after Lia and were troubled to learn about the spinal tap that had been inserted. Fadiman notes that many Hmong believe spinal taps are "potentially crippling both in this life and in future lives." Afterwards, Foua maintained that Lia got more and more sick because the doctors "gave her too much medicine." After a week of procedures and tests, the doctors determined that Lia was, simply speaking, brain-dead. Jeanine Hilt helped drive many relatives to the hospital. When they arrived, the doctors were "preparing the family for Lia to die." Dee and Tom Korda also visited; Dee later recalled in conversation with Fadiman that the doctors rudely tried to address them instead of Foua and Nao Kao because they saw the foster parents as white and intelligent.

Yet again, Foua and Nao Kao were assumed to be stupid because of their unfamiliarity with American culture. In addressing Dee and Tom Korda instead of the Lees, the doctors at Valley Children's Hospital gave power not to their patient's parents, but to the people who matched their idea of what it means to be capable of processing medical information.

At one point, while Foua was sitting by Lia's bed, a doctor entered, explained that Lia was going to die, and took her off life support—this appalled Foua, who framed this moment by saying that the doctor "wanted to take Lia's medicine away from her and give it to someone else." Apparently the doctor was only following Dr. Hutchinson's orders to "discontinue all life-sustaining measures so that Lia could die as naturally as possible"—a sentiment to which Hutchinson thought the family had agreed. Although the doctors expected Lia to die shortly after being taken off life support, she continued to live, and Jeanine Hilt advocated for the Lee family—who wanted Lia to die at home—by organizing for a transfer back to MCMC.

Aside from the fact that Dr. Hutchinson should have ensured that he fully understood what Foua and Nao Kao wanted, it is to his credit that he essentially tried to carry out exactly what the Lees did *want: for Lia to be taken off all medication. Confusingly enough, the Lees seemed to change their mind in this moment, a reversal that indicates a certain reflexive adversity to anything the doctors did. Under this interpretation, Lia's doctors were doomed to fail no matter what they tried to do.*

CHAPTER 12: FLIGHT

Fadiman rounds out the Lees' family story by detailing their escape from Laos. They first tried to flee in 1976, but were captured by Vietnamese soldiers and marched back to their village at gunpoint. During this time, one of their eight children became ill and died. For the next three years, the Lees lived under the oppression of the communist Vietnamese, who viewed the Hmong as traitors for having sided with the United States. In 1979, they lost another child to starvation—not long afterward, they joined four hundred other Hmong in another attempt to leave Laos. This time they were successful, arriving in Thailand, like 150,000 other Hmong did after the war.

By providing insight into the Lees' difficult past, Fadiman makes it more likely that readers will find themselves capable of empathizing with the family. She also uses the Lees' escape story as a catalyst for explaining the greater Hmong population's post-war experience.

Fadiman describes Blia Yao Moua, the Hmong leader in Merced who arranged her initial meeting with the Lees. When she asked him about the influence of the war on Hmong culture, he emphasized the Hmong's classic resilience when faced with coercion and oppression; "The Hmong cannot be assimilated," he told her. "The Chinese cannot assimilate the Hmong. The Pathet Lao cannot assimilate the Hmong. After two thousand years we can still say we are Hmong." Still, the Pathet Lao certainly tried, ultimately establishing "seminar camps" devoted to forced labor and the indoctrination of non-subservient individuals. While this took place, hordes of Hmong fled, traveling in groups, carrying children, the elderly, and the sick until—forced by necessity—they left them behind to die.

It's worth examining Blia's pride in the fact that "the Hmong cannot be assimilated." Although it is, of course, admirable that the Hmong time and time again have managed to retain their cultural identity, this celebration of an isolated community is the same kind of mentality that, in other contexts, breeds bigotry and discrimination. It's not hard to see, either, that such unequivocal rejection of foreign customs certainly complicated Lia Lee's neurological crisis.

Once in the refugee camps, Hmong were educated about how to live in America, a process Fadiman refers to as "either a catastrophic deracination or a useful dress rehearsal for life in the American inner cities." The vast majority of these refugees eventually emigrated to the United States. When Ban Vinai—one such camp—closed in 1992, 11,500 residents were forced to either return to Laos or apply for resettlement in another country. Unfortunately, the United States was just beginning to lean toward anti-immigration policies, so many Hmong refugees were denied access to the country. 10,000 of them ultimately chose a third option: to flee to a Buddhist monastery in Thailand.

By calling the cultural instruction administered at Ban Vinai "either a catastrophic deracination or a useful dress rehearsal for life in the American inner cities," Fadiman manages to condemn the impulse to change an entire culture while simultaneously recognizing the benefits to be gained by learning how to assimilate. As such, she assumes her typical stance as a neutral and unbiased presence in The Spirit Catches You and You Fall Down.

CHAPTER 13: CODE X

When Peggy first saw Lia after the girl's return from Fresno, she was heartbroken: Lia was hardly alive. Talking to Fadiman later, she and her husband tried to describe what it was like to see Lia in such a terrible state. Neil admitted that, after all of his efforts and the building of tension before her cataclysmic seizure, he simply couldn't face her anymore, so Peggy stepped in to provide her primary pediatric care. During this time, Foua and Nao Kao attended to their daughter by bringing her herbal remedies, which they fed her through a nasogastric feeding tube. Thinking Lia would soon die anyway, Peggy allowed this to happen. Instead of joyously celebrating the Hmong New Year—an important cultural holiday—Foua brought funeral clothes to the hospital to dress her daughter for death.

With the release of tension precipitated by Lia's final seizure came something like cross-cultural cooperation and understanding. Finally, Neil and Peggy no longer had to worry about what the Lees were doing to their daughter, and Nao Kao and Foua were at last able to treat Lia however they saw fit. It is unfortunate, of course, that this could only happen after Lia's final seizure.

Nao Kao insisted on Lia's second day back at MCMC that the intravenous line delivering all her medications be taken out. Peggy had a discussion with the Lees in which she explained that, without the antibiotics coming through the IV line, Lia's infection could return, causing her to die more quickly—Foua and Nao Kao understood this and expressed that they still wished to move forward with the plan, to which Peggy consented. When they insisted upon taking her home, though, Peggy told them that Lia needed to stay at MCMC a bit longer; "I was sure she was dying," she later told Fadiman, "but that's the quandary of Western medicine, that you can't let people die." In the meantime, Jeanine Hilt made sure that the Lees were prepared at home to receive their daughter.

Peggy's statement about the quandary of Western medicine is interesting because it acknowledges the circular futility medical ethics can often engender. Having devoted her life to keeping people alive, she found herself in a position of having to sustain Lia despite her certainty that the girl would soon die anyway. In this moment, it's clear Peggy was upset that the dictates of her own practice disallowed her from giving Lia and her parents what they wanted.

In one final misunderstanding between MCMC and the Lees, Nao Kao became incredibly frustrated on the day of Lia's discharge. He was asked to sign something he believed said Lia was going to die in two hours, though the staff of MCMC later maintained that this paper actually said he could take her *home* in two hours. Nao Kao furiously wondered, "Is this a hospital that fixes people or makes them die?" At this point he took Lia in his arms and ran down the stairs. This incident only complicated Lia's discharge, since the police were called after Nao Kao pushed a nurse and because the doctors had to reinsert her nasogastric feeding tube. Hours later, Lia finally returned home, where the Lees laid her out on the living room floor and bathed her in boiled herbs. She stopped sweating and, despite everyone's expectations, she did not die.

It's noteworthy that, after all the miscommunications and misunderstandings the Lees had been through with the hospital, MCMC still failed to grasp the fact that they had to be extra careful in spelling out what they were asking him to sign. Furthermore, in addition to demonstrating his intense devotion to his daughter, Nao Kao's attempted escape once more supports Fadiman's idea regarding the Hmong tendency to either fight or flee when faced with oppression—for what it's worth, in this case Nao Kao both ran and fought.

CHAPTER 14: THE MELTING POT

At this point, Fadiman focuses on the concept of immigration and assimilation. She explains that Foua and Nao Kao, like many older Hmongs, didn't speak any English after 17 years of living in the United States. They also still celebrated only Hmong holidays, only practiced Hmong religion, and only ate Hmong food. "It would be hard to imagine anything further from the vaunted American ideal of assimilation, in which immigrants are expected to submerge their cultural differences in order to embrace a shared national identity," she writes.

The fact that Nao Kao and Foua remained entrenched in their own culture without taking on many aspects of American life is in line with Blia Yao Moua's statement that the Hmong can't be assimilated. It is also in keeping with the history of Hmong resilience Fadiman outlines in the chapters War and Flight.

Fadiman suggests several reasons why Hmongs did not assimilate into American culture (other than the fact that doing so went against their propensity to resist cultural change). First and foremost, the Hmong—unlike other immigrant populations—didn't come to the United States to enjoy Americanized lifestyles, they came to escape violence and persecution in their own country. Furthermore, the possibility of integration wasn't helped by the fact that many clans were divided in the process of settling in the United States, essentially estranging them and making them feel alone. Isolated from their families and "traditional supports," these Hmong populations were extra susceptible to anxiety and depression and less likely to adopt new modes of living. To make matters worse, American culture required the Hmong to act in so many seemingly peculiar ways that many of the new immigrants were overwhelmed.

In this section, Fadiman continues to explore Hmong resilience while also demonstrating just how arduous it was for them to arrive in a country they didn't want to be in and that didn't want to accept them in the first place. Isolation and cultural displacement seem to have only made it less likely that the Hmong would give up their values in exchange for American lifestyles utterly unfamiliar—and, in fact, undesirable—to them.

Just as Hmongs found Americans hard to understand, many US citizens were bewildered by this onslaught of foreigners whose cultural values were so different than their own. Simply put, many Americans did not graciously accept the Hmong. Rather, they lampooned them in nationwide publications as "the most primitive refugee group in America" and refused to acknowledge their involvement in the Quiet War—a war about which most American citizens had never even heard. Americans also showed frustration at the Hmong unwillingness to integrate and assimilate. Rumors abounded, hate crimes rose in frequency, and anti-Asian bigotry proliferated amongst students and adults alike. Fadiman quotes an anthropologist who wrote that, when asked why "his people did not 'fight back' when attacked" in America, a Hmong man replied, "because nothing here is worth defending to us." Many Hmong also chose to run away from local violence by moving to different cities.

Although the Hmong fell back on their old habit of fleeing when met with oppression, they did not leave the United States, nor did they—on the whole—fight back. This only goes to show the extent to which their options had been depleted; forced to leave Laos and unwelcome anywhere else, they had little choice but to assume an apathetic stance, as shown by the statement that nothing in the United States was "worth defending."

Because California was a good place for farming, the Hmong began migrating west, which strained the welfare system. The Central Valley of California suddenly gained 20,000 Hmong residents in just seven years, residents who ended up having to compete with unemployed non-Hmong Americans for low-paying jobs. Because most Hmongs had begun staying with their own families, though, the government resettlement programs had no control over where they went. As such, towns like Merced suddenly overflowed with unemployed new residents.

By detailing the economic burden that the Hmong suffered from and exacerbated in certain high unemployment areas, Fadiman illustrates that the United States government was structurally unprepared to accommodate the Hmong refugees it admitted, an oversight that inevitably led to xenophobic animosity from unemployed non-Hmong Americans who saw the sudden influx of job-seeking Hmongs as a threat to their own chances of employment.

The Hmong slowly proved themselves to be good, diligent workers in the American workforce. For the most part, they filled low-paying positions. However, those living in areas with high unemployment rates found themselves without work and relying on government assistance. With the threat of the 1996 welfare reform bill—which, if passed, would deny immigrants welfare benefits—many Hmong tried to apply for legal citizenship. Even if this worked, though, most Hmong still resented the fact that the US shamed them for accepting welfare, for many of them claimed that these benefits had been promised to them by the CIA when they or their family members fought communism in Laos.

It is not surprising that the Hmong who risked their lives for the United States would be incensed to find that the majority of their new countrymen weren't even aware of the Laotian Civil War or the role the Hmong played in fighting for America. It is obvious that this initial misunderstanding made for a strained relationship between two populations that appeared to have little interest in accepting one another in the first place.

Fadiman notes that most Hmong liked to believe they would someday return to Laos. However, the country they had in mind was a pre-war Laos that no longer existed. Still, it was no wonder they wanted to leave the United States, a country that effectively subverted their hierarchies. Fadiman considers something a psychologist pointed out to her at a conference on Southeast Asian mental health: in Laos, the eldest male was the most powerful and respected member of a Hmong family, but in America young teenage daughters fluent in English often held the most cultural and social currency, a fact that turned family structures upside down in a process known to sociologists as "role loss." Worse, Hmong parents were made to watch as their children grew up without their traditional tastes and customs, requesting American food for dinner and leading lives as individuals immersed in a different culture.

Given the importance of social and familial hierarchies—and given the clear unsettling of these hierarchies in the United States—it's no wonder that doctors at MCMC experienced difficulties when dealing with their Hmong patients, since they often had to communicate with the youngest family member instead of the non-English-speaking head of the household. By considering this, Fadiman gives a more comprehensive story of Hmong immigrants, thus achieving what Lia's doctors found impossible: the ability to use a certain accepted practice as a way of invigorating—rather than diminishing—her subjects' humanity.

Sukey Waller told Fadiman a story in which an old Hmong man asked, "Why, when what we did worked so well for two hundred years, is everything breaking down?" Fadiman notes that she understands the sentiment, but disagrees with this man's idea that "everything is breaking down." "I can think of no other group of immigrants whose culture, in its most essential aspects, has been so little eroded by assimilation," she writes. Still, she understands that the Hmong had little to be optimistic about, telling a story about one of the Lees' relatives who confided that, though he was confident that his children would prosper in America, he had "no hope" for himself.

Fadiman's optimism regarding the continued strength of Hmong culture is simultaneously well-founded and overzealous. Though she herself has provided mountains of evidence that the Hmong remain resilient, her viewpoint as a non-Hmong American puts her perhaps not in the best position to disagree outright with a Hmong man who has actually experienced the hardships of retaining his cultural identity in a foreign land. Of course, she is correct that the Hmong's resistance to integration and assimilation proves the staying-power of their culture, but if this man feels as if his culture is breaking down, then that is a clear indication that—in all likelihood—it is.

CHAPTER 15: GOLD AND DROSS

Fadiman writes that Lia was seven when she first met her, which was two years after she had entered a nonresponsive state (her doctors called this a "persistent vegetative state"). Fadiman sensed something else amiss in the girl, too, admitting that perhaps her soul really was missing. She explains how, days after Lia came home from MCMC, her fever dropped, her respiration returned to normal, and her gag reflexes came back—her doctors thought this was the result of decreased brain swelling, while her parents believed it was the result of the herbal remedies they bathed her in when she left the hospital. Regardless, it was certainly not due to the nasogastric feeding tube, which the Lees removed after one week.

Once again Fadiman opens herself up to the possibility that the Lees were right about what Lia needed, first by admitting that it seemed as if Lia's soul really had fled her body, then by simply recounting how the young girl's health quickly improved once she left the hospital and her parents started treating her in the traditional Hmong ways.

The first time Neil saw Lia in a routine checkup after her final seizure, he found himself very emotional. He expected the Lees to blame him for everything that happened to Lia, but he found that Foua—who was the one who had brought Lia for the checkup—understood his remorse. During that appointment, Neil broke down and cried—Foua hugged and thanked him.

It's worth noting that this kind of emotional display was exactly what Lia's initial treatment lacked. Wrapped up in championing their competing beliefs, Neil, Peggy, Foua, and Nao Kao all neglected to interact on a human level. Indeed, their experiences sorely lacked genuine interpersonal connection, which may very well have fostered a more productive environment for agreeing on how to treat Lia.

The Lees continued to treat their daughter with *neeb*, having a shaman visit several times per year and giving her herbal remedies. Martin Kilgore, an incredibly intelligent public health nurse who made routine visits to the Lee household, let Fadiman accompany him one day as he checked in on Lia and her family. Despite Nao Kao and Foua's general friendliness, Fadiman noticed during this visit that they did not show Martin the same kindness they often showed her. Martin, for his part, tried perhaps too hard, speaking too loudly and touching Lia without explaining what he was doing. Nonetheless, he tried to connect with them, asking what they believed had happened to Lia—Nao Kao replied by saying that they didn't "know anything about that." Fadiman was baffled, since Nao Kao himself had spent hours telling her about the soul-stealing *dabs* that afflicted people with epilepsy. In this moment she began to understand why Lia's doctors often were exasperated by the Lees.

The stony disposition the Lees showed Martin Kilgore suggests that, in order for them to cooperate and be willing to share their culture, it was necessary that they respect the person with whom they were speaking. This puts the lack of communication between Neil and Peggy and the Lees into a new frame; the problem wasn't only that Lia's doctors failed to ask what the Lees believed was happening to their daughter, it was also that the Lees likely rendered such avenues of conversation impossible by closing themselves off socially.

CHAPTER 16: WHY DID THEY PICK MERCED?

Fadiman continues to examine the arrival of the Hmong in California, rehashing some of her earlier ideas about xenophobia and welfare. Answering a question posed to her by a bigoted gas station clerk, she determines (in retrospect) that the reason the Hmong chose to settle in Merced has to do with Dang Moua, a local Hmong entrepreneur and businessman who was at one time a clerk-typist at the American Embassy in Vientiane, Laos. When Dang was living in Virginia and tirelessly working, he heard a rumor that General Vang Pao was going to buy a fruit ranch near Merced. His brother also told him that the weather in southern California was nice and that there were many different ethnic groups. Saving up his money, he bought a car and drove cross-country, leaving behind his American sponsors (who were angry to see him leave) and his unsatisfactory life. Having heard the rumor about Vang Pao, many other Hmong started arriving in Merced.

Although Fadiman attributes the Hmong migration to Merced to Dang Moua, it seems that the rumor about Vang Pao's fruit ranch was the larger impetus for this mass migration. Because of his role as the general of the Armée Clandestine, Vang Pao was the most famous Hmong individual and therefore had an outsize influence on Hmongs living in America, many of whom had served under him during the war. Nonetheless, Fadiman is clearly interested in highlighting the importance of influential and successful local Hmongs like Dang Moua, who worked hard to sustain Hmong culture and who had a direct impact on the community.

Many Merced taxpayers were rankled by the fact that so many welfare-dependent refugees had suddenly shown up in their town. Indeed, many Hmong were on welfare assistance—by 1995, Merced County had the highest fraction of its population on welfare of any county in California. Unfortunately, the non-Hmong citizens of Merced blamed the Hmong; Dang told Fadiman a story about a man who pulled up to him on the street and asked, "Shit man, why you come to this country? Why didn't you die in Vietnam?" Keeping his cool, Dang responded by inviting the man over for dinner so that he could experience Hmong food and culture, but the racist sped off.

The tactic that Dang Moua employed when the racist man yelled at him is exactly the kind of empathetic cross-cultural response that Lia's doctors could have adopted in their navigation of the family's values. This is not to compare the doctors' treatment of the Lee family with this blatant act of racism, but rather to suggest that the most effective way of communicating across cultural divides is by offering to engage in back-and-forth dialogues about the very barrier itself.

Fadiman discusses Blia Yao Moua and Jonas Vangay, two other successful Hmong leaders in Merced. Blia was the executive director of Lao Family Community, which provided practical assistance to the Hmong population of Merced. Jonas also provided services to other Hmongs by translating, mediating, and counseling. Both of these men worked extremely hard for the people they represented. Much to Fadiman's surprise, though, Blia Yao Moua ended up burning out and quitting the Lao Family Community, eventually moving to Minneapolis. Jonas, on the other hand, remained in Merced, but told Fadiman one night after a dinner at an American restaurant that he constantly felt like a chameleon; "You can place me anyplace, and I will survive, but I will not *belong*. I must tell you that I do not really belong anywhere," he confided.

Fadiman's stories about Blia and Jonas show just how exhausting it is to live in a country that does little to accommodate foreign cultures. Given that these successful community leaders felt the strain of integration and assimilation, one can only imagine how Nao Kao and Foua must have felt trying to not only navigate the social obstacle course of a new country plus the inscrutable world of Western medicine.

CHAPTER 17: THE EIGHT QUESTIONS

Fadiman discloses that Lia neither died nor recovered. As her siblings aged and assimilated into American culture, Lia remained nonresponsive, growing only several inches. Meanwhile, Nao Kao gained weight and suffered from high blood pressure, while Foua felt constantly fatigued. At Jeanine Hilt's suggestion, they re-enrolled Lia in the Schelby Center for Special Education, where Dee Korda (whose foster child was cognitively challenged) often saw her and was filled with sadness. Jeanine Hilt died in 1993 after having an acute asthma attack that sent her into hypoxic ischemic encephalopathy, depriving her of oxygen and causing her to lose brain function in the same manner Lia had. When Foua heard the news, she was distraught, explaining to Fadiman, "I cried because Jenny had told me [...] she would help me raise my children. But she died, so she couldn't do that, and I felt I had lost my American daughter."

Foua's strong reaction to Jeanine Hilt's death shows her remarkable capacity to form relationships across social and cultural barriers (that is, if the circumstances are right and she respects the person in question). The fact that she liked the idea that Jeanine would help raise her children is significant, since for most of Lia's medical history Foua and Nao Kao vehemently fought against Americans who tried to take control of their daughter's life. It seems, then, that Foua's experience with Lia turned her into a more compassionate, open, and accepting person.

Neil Ernst and Peggy Philp continued to practice, winning awards and gaining promotions. When their son was diagnosed with Leukemia, Foua—who had heard the news—expressed great concern, asking Peggy how he was doing. In a letter to Fadiman about this encounter, Neil wrote: "At the end of the visit Mrs. Lee was hugging Peggy and they were both shedding a few tears. Sorrows of motherhood cut through all cultural barriers." When their son entered permanent remission, Foua continued to ask after him. In a later letter, Neil wrote: "Our contacts with [Foua] are very infrequent because her family provides excellent care for Lia, but they are special nonetheless."

In framing the "sorrows of motherhood" as unifying forces, Neil finally hit upon something he and his wife had in common with the Lees: the love of family. Though it's unfortunate that it took so long for the two parties to find an emotionally salient commonality, it's evident that Lia's demise ultimately enabled Neil to see beyond the narrow scope of Western medicine, understanding at last that the Lees took "excellent care" of Lia, despite the fact that this care did not fit his conception of what love and protection looks like.

In an effort to gain some clarity about the anticonvulsant medications prescribed to Lia, Fadiman visited Dr. Hutchinson at Valley Children's Hospital. He explained that Lia's final seizure was the result of the septic shock her brain suffered. When Fadiman asked if the Lees' earlier noncompliance had affected this outcome, he assured her that the two matters were unrelated. "The only influence that medications could have had," he told her, "is that the Depakene we prescribed might have compromised her immune system and made her more susceptible to the *Pseudomonas* [the bacterial infection that led to toxic shock]." Fadiman told Hutchinson that Foua and Nao Kao believed the problem was caused by too much medicine, to which he replied, "That may not be too far from the truth." Fadiman stared at him, shocked. "Go back to Merced," he said, "and tell all those people at MCMC that the family didn't do this to the kid. We did."

The fact that Hutchinson believed that he—along with Lia's other doctors—were responsible for Lia's final neurological crisis indicates his desire to assign blame to somebody, even if that means pointing the finger at himself. Indeed, both the Lees and the doctors they saw constantly tried to determine who was at fault for Lia's various ailments and hardships, a fact that speaks to the human tendency to look for meaning in petty accusations rather than accept a difficult situation for what it is.

Fadiman repeated Hutchinson's theory to Neil and Peggy, who pored through their notes before determining that it was indeed a possibility that the Depakene had made Lia especially vulnerable to infection. When Fadiman told Dan Murphy the same thing, he pointed out that Neil probably would have caught the infection if it hadn't been for Lia's history of seizures; "*No one* at MCMC would have noticed anything but her seizures. Lia *was* her seizures," he told her. Taking a cue from this sentiment, Fadiman notes the way doctors talked about Lia after her neurological crisis. Hutchinson, Neil, and Peggy all continued to refer to her as dead, even after Fadiman would remind them that she was alive. She remarks that this isn't an oversight so much as an "admission of defeat"; their care and medical treatments had failed, so Lia was dead to them.

Crushed by their feelings of culpability, Lia's doctors used language to defend themselves against the pain of her neurological crisis. Furthermore, Dan Murphy's statement that "Lia was *her seizures" is a succinct summary of the unfortunate approach of Western medicine, an approach that all too often reduces patients to their illnesses without taking their humanity into account. In keeping with this, once Lia's illness (which ultimately defined her in the hospital) reached its zenith and ceased to continue acting up, Lia effectively ceased to exist for her doctors.*

In an attempt to postulate what could have happened differently in Lia's medical history, Fadiman spoke to Dan Murphy, who expressed that he believed there was a "gulf" between the Lees and the doctors that was "unbridgeable." Fadiman obsessed over the notion, wondering if it was truly the case that these two cultures were irreconcilable in this situation. She evokes an idea Blia Yao Moua presented to her that Hmong culture is not Cartesian, which is to say that it is nonlinear. Western medicine, on the other hand, is incredibly Cartesian, devoted as it is to logic and empirical data.

It is no surprise that Fadiman obsessed over the idea that the gulf between Hmong culture and Western medicine might be "unbridgeable," since the very aim of The Spirit Catches You and You Fall Down *is to examine the missed avenues of communication in a disastrous instance of cross-cultural misunderstanding. By suggesting that Hmong culture is nonlinear, she ultimately proposes a possible way to bridge this gulf: Western medicine must recognize the non-Cartesian logic driving Hmong patients' beliefs.*

Fadiman brings up a program of eight questions designed by Arthur Kleinman, a psychiatrist and medical anthropologist interested in cross-cultural medicine. The questions include: (1) What do you call the problem? (2) What do you think has caused the problem? (3) Why do you think it started when it did? (4) What do you think the sickness does? How does it work? (5) How severe is the sickness? Will it have a short or long course? (6) What kind of treatment do you think the patient should receive? What are the most important results you hope she receives from this treatment? (7) What are the chief problems the sickness has caused? (8) What do you fear most about the sickness?

These questions are concrete examples of the kinds of inquiries doctors could make in the hopes of successfully treating their Hmong patients. It's worth noting that three out of the eight questions begin with the phrase, "What do you think…?" This subverts the idea that the doctors sit in a position of power from which they hold the objective truth, implying instead that the patient's beliefs and opinions actually matter.

Fadiman answered these questions in the way she thought the Lees would respond and brought the results to Kleinman. In contrast to Neil and Peggy, who were baffled to learn what the Lees actually believed, Kleinman was excited and unsurprised by the answers. Fadiman then explained to him what happened to Lia and asked what he would have suggested. First of all, he told her that the term "compliance" (in the context of following medical regimen) should not be used because it "implies moral hegemony"; second of all, he suggested that somebody should have brought in a member of the Hmong community or a medical anthropologist who could help negotiate between the family and the doctors (this would have required deciding upon certain limits, sticking to those, and accepting compromise on everything else); and third of all, he said that the doctors needed to remember that even their own culture has its own "set of interests, emotions, and biases."

When Kleinman used the term "moral hegemony," he meant that Lia's doctors unwittingly implied to the Lees that the set of ethical standards of Western medicine were superior to those of the Hmong tradition. This relates to Kleinman's other idea that the doctors ought to have remembered that their own culture comes with biases—his prevailing argument, as he put it to Fadiman, was essentially that doctors must be aware of the implications of their own beliefs before they can hope to address any sort of cross-cultural divide.

CHAPTER 18: THE LIFE OR THE SOUL

Fadiman considers whether or not Lia's life would have been better if she had been treated by somebody like Arthur Kleinman instead of Neil Ernst and Peggy Philp. Regardless, she says, the real culprit of Lia's demise was no single doctor, but rather the great beast of cross-cultural misunderstanding. She evokes Kleinman's idea that doctors would do well to incorporate Hmong healing practices into their own medical care. Conjoint treatment, wherein Western medicine accommodates and incorporates various elements of Hmong spirituality, both establishes trust between Hmong patients and their doctors *and* "actually improves the outcome" of the medical regimen, since "illness is so profoundly affected by psychosocial factors."

At this point, Fadiman finally goes beyond merely suggesting that doctors ask their Hmong patients what they believe is happening to them. Nonetheless, she manages to remain reasonably neutral, not blaming any of Lia's doctors personally nor Lia's parents, but rather the aforementioned idea that the cultural "gulf" is "unbridgeable." Still, in this moment Fadiman is markedly more active in her endorsements, allowing herself to step out of ethnographic passivity in order to clearly outline that the best method of approaching the cultural gap between Hmong spirituality and Western medicine is, in fact, to embrace the gap itself by conjoining disparate ideas so that they work in tandem with one another.

One night, Fadiman invited Bill Selvidge and Sukey Waller to dinner in the hopes of provoking an interesting conversation about the intersection of physical and spiritual treatment. Talking about cross-cultural patients, Bill argued that the doctor must act on behalf of the child by treating her regardless of the parents' spiritual beliefs, "because if the child dies, she won't get the chance to decide twenty years down the road if she wants to accept her parents' beliefs or if she wants to reject them." Sukey disagreed, saying that a family might view the spiritual risks of surgery as worse than death. She then asked him what he thought was more important, "the life or the soul." "I make no apology," he said, "The life comes first." Again, Sukey disagreed, saying, "The soul."

It is telling that Bill Selvidge answers Sukey's question about the importance of "the life" and the importance of "the soul" by saying, "I make no apology." Fadiman portrays Bill as a well-rounded and culturally sensitive physician, but this statement is a perfect embodiment of the unbending beliefs the culture of Western medicine engenders.

CHAPTER 19: THE SACRIFICE

Fadiman describes a healing ceremony for Lia that she attended at the Lees' apartment in Merced. Although Foua and Nao Kao believed that their daughter's soul was most likely irretrievable—and although they had already held multiple ceremonies and sacrifices—they wanted to continue having *txiv neebs* preside over Lia, hoping that they might, at the very least, be able to make her happier and more comfortable.

Through their continued care of Lia, it becomes evident that Nao Kao and Foua's devotion to their daughter is unending, a touching sentiment that not only speaks to their kindness as parents, but also reinforces Fadiman's earlier characterization of Hmong resilience: when faced with what seems a lifetime of challenge, the Hmong do not give up.

Fadiman was surprised to find that the *txiv neeb* was a small man who watched TV and drank Budweiser. She notes the "uphill battle" the Lees faced in converting their apartment—with its humming refrigerator and fluttering TV screen—into a tranquil, spiritual atmosphere. Nonetheless, when she came back inside after watching the family sacrifice a pig in the parking lot, the room's atmosphere had changed. The TV was off, a candle had been lit, and the *txiv neeb* had shed the relatively Americanized demeanor he had exhibited when Fadiman first arrived. Later, as this shaman convulsed and chanted on a wooden bench that represented a winged horse, one of Lia's cousins stood looking out the door, surveying Merced's East 12th Street, chanting, *Where are you? Where have you gone?*—calling Lia's soul homeward.

This scene shows the extent to which the Lees collided with American culture. Although they themselves may have appeared unchanged and unwilling to assimilate, their apartment indicated otherwise. Nonetheless, they remained admirably capable of retaining their Hmong spirituality, accessing a sense of remote holiness even while being so far away for so long.

THE AFTERWORD TO THE FIFTEENTH ANNIVERSARY EDITION

Fifteen years later, Lia is still alive. Fadiman writes that most people in similar nonresponsive states die within five years. Lia, though, has survived under the care of her family. Fadiman updates readers on the whereabouts of her subjects, describing that Nao Kao died of congestive heart failure in 2003 and that Yer and her siblings have grown up to be successful Hmong-Americans. Yer, a dental assistant, tells Fadiman, "I used to blame the doctors for all my parents' obstacles with Lia [...]. Then I started working here and realized no one was to blame." Dan Murphy works in Oregon and has become an advocate for Patient- and Family-Centered Care, a medical approach in which patients and families are fully involved with their medical treatments and free to voice their wishes. Neil and Peggy joined Dan's practice and often think about Lia—they think that the results of Lia's story "would have been the same" even if they were to do it all over again.

Just as Yer has come to terms with the fact that the doctors are not to be blamed for Lia's neurological crisis, Neil and Peggy appear to have made peace with the fact that they did the best they could under those specific circumstances, though one hopes (and gets the sense from Fadiman's extensive conversations with each of them, in which they demonstrate a capacity for cultural empathy) that they would make a strong attempt to communicate more openly with the Lees if the same situation happened again.

MCMC has thoroughly changed and has even implemented—with the help of a social service agency called Healthy House—a program that introduces *txiv neebs* into the hospital system, showing them how certain machinery works and teaching them the basic concepts of American healthcare, providing them with badges that grant them access to the various wards. This acceptance of shamanistic healers has greatly increased the Hmong willingness to visit the hospital without grave suspicions.

The fact that MCMC has actually adopted such inclusive cross-cultural policies is a testament to Fadiman's keen sense of what needed to happen in order to reconcile the differences between Merced's doctors and its Hmong population. After all, when Lia's problems first started to occur, MCMC didn't even have capable interpreters on its premises.

Fadiman reminds readers that *The Spirit Catches You And You Fall Down* was written in the 1990s and concerned itself with events that took place in the '80s. It's no surprise, then, that things have changed in the fifteen years that have elapsed between the book's last chapter and this afterword. Fadiman notes that most Hmong now speak English and hold steady jobs. Nao Kao and Foua's generation sacrificed its own comfort and happiness by coming to the United States, but the young adults who grew up in the States now see America as their home. Unfortunately, racism toward the Hmong has continued, and the majority of Americans remain ignorant of Hmong culture, as evidenced by Clint Eastwood's inaccurate depiction of the Hmong in his movie *Gran Torino*.

By revealing the failure of the majority of non-Hmong American to accept the Hmong, Fadiman shows that MCMC's steady assimilation of Hmong healers into hospital programs is—unfortunately—a rare occurrence of cross-cultural empathy. Mainstream American culture, it seems, has not yet adopted an enlightened stance of diversity, remaining stuck in the swamps of xenophobia and bigotry that plagued the Lee family in the 1980s.

In reminding readers that this book belongs to a past decade, Fadiman also explains that she has resisted the temptation to go back and correct various ideas and phrases to reflect current trends. For example, she frowns upon her use of the word "retarded," but has decided to allow the book to be a document of its period, in which "retarded" was the acceptable term for somebody with cognitive challenges.

This note further portrays Fadiman as a culturally sensitive and astute writer who is alive to the multifarious nuances of ethnographic literature. Indeed, she emerges as a kind author who handles her subjects with care.

Fadiman was deeply upset by Nao Kao's death, since she had become so close with the family in the years during and after she wrote *The Spirit Catches You And You Fall Down*. However, she would have been even more distraught if not for a certain event that happened two months before his death. Having been asked by the University of California at Davis (where one of the Lee daughters was a student) to speak about her book, Fadiman invited Neil and Peggy to join her on the panel. She also invited Foua and Nao Kao to attend, along with a competent interpreter. Neil spoke passionately, and after the event, Nao Kao—who had never formally forgiven Lia's doctors—approached him. "On that afternoon," Fadiman writes, "he looked Neil in the eye—something Neil never remembers him doing before—and told him, with his daughter translating, that now he understood how much Lia's doctors had cared about her. And he thanked Neil."

By ending her afterword with this story, Fadiman offers readers a happy and optimistic image of cultural convergence, wherein two men finally embrace one another despite their past disagreements, proving that the "gulf" between two seemingly disparate cultures is not, in the end, "unbridgeable."

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